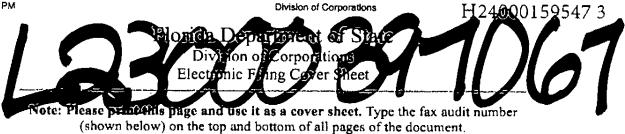
5/1/24, 2:16 PM



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABSOLUTE TRAVEL LLC

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COVER LETTER

½ H24000159547.3

TO: Registration S Division of Co				;
Absolute 1	Travel LLC			
SUBJECT	Name of Lim	ited Liability Company		
	f Amendment and fee(s) are sub			
Please return all corresp	ondence concerning this matter	to the following:		
	Diego Cruz			
		Name of Person		
	ZenBusiness INC			
		Firm/Company		
	336 E. College Ave Suite			
		Address		
	Tullahassee, FL 32301			
	fulfillment@zenbusiness.cc	City/State and Zip Co om	ode	
		to be used for future ann	ual report notific	ation)
For further information	concerning this matter, please c	all:		
c/o ZenBusiness INC		844 at ()	493-6249	
Name	of Person	Area Code	Daytime !	Telephone Number
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy tadditional copy is		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>MailingAddre</u> Registration		Regi	tAddress: stration Sect	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To: Page: 3 of 5

2024-05-02 09:21:30 UTC+14

18506176383

From: ZenBusiness User

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240001595473

Absolute Travel LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co.	y <u>appears on our records.)</u> npany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L23000397067</u> .	f on 2023-08-23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	oany here:	
Well Spent LLC		
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abb	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	n our records, <u>enter the name</u>	of the new register
	nter Florida street oddress	2.4
	. Florida	1
City	, , , , , , , , , , , , , , , , , , , ,	Zh Code
New Registered Agent's Signature, if changing Registered Agent:		===
I hereby accept the appointment as registered agent and agree to act is provisions of all statutes relative to the proper and complete performa accept the obligations of my position as registered agent as provided juding filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	mce of my duties, and I am fo for in Chapter 605, F.S. Or, i	ve to c <mark>om</mark> ply with t miliar With and A Tthis document is
If Changing Regist	tered Agent, Signature of New Regi	stered Avent

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Page: 4 of 5

Page: 4 of 5 2024-05-02 09:21:30 UTC+14 18506176383 From: ZenBusiness User
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added.

A removed from our records: or removed from our records:

	Manager Authorized Member	
<u>Title</u>	Name	Address

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□ □ Change
			□Remove
			[]Change
			
		, <u></u>	Remove
			□Change
		<u></u>	DAdd
			Remove
			□Change
			□ Add
 -			□Remove
			☐ Change
			□Add
			□Remove
			□Change

	any other information, enter change(s) here: tAttach additional sheets, if necessary.)
	
	
 	
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<u>. —</u>	
••	

an offective d <u>Sote:</u> If the o	te, if other than the date of filing:
record speci Lis filed	fics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
5/1 ated	2024
!s/	/ Jack Maurice Sauter
	Signature of a member or authorized representative of a member
Ja	ck Maurice Sauter
	Typed or printed name of signee

H24000159547.3

Filing Fee: \$25.00