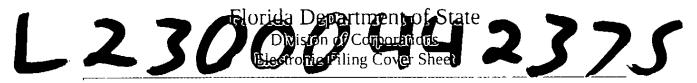
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206



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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKY M&A TRAVEL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Fex: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKY M&A TRAVEL LLC	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number L23000442375	vere filed on 09/22/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable	ity company here:
The new name must be distinguishable and contain the words "Limited Liabifi	ty Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SE S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida sweet address
	, Florida
	Cuy Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

1/23/2024 10#3:40 PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Pedro Luis Hernandez Saumell	SM511 M1 L1	Z IAdd
		CIRCUITO LIVERTE, EDIF CO	□Remove
		Cancun, Quinana Roo, 77534 Mexico	□Change
AMBR	Margarita Cunill Alonso	SM511 M1 L1	⊠ Add
		CIRCUITO LIVERTE, EDIF CO	□Remove
		Cancun, Ouinana Roo, 77534 Mexico	□Change
			□Remove
			☐ Change
			□Add
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If amending any other info						
						
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the content of the co	ns block does n	of meet the app	licable statutory	cor more than ⁹⁰ filing requirem	(optional) days after fifing.) Po ents, this date wi	usuant to 605.0207 (. Il not be listed as tl
the record specifies a delayed efford is filed.	ective date, but	not an effective	c time, at 12:01	a.m. on the earl:	er of: (b) The 9	0th day after the
Dated January 23		2024				
		Reli	1/1////// ithorized represen	<u> </u>		
	Signature (of a member or au	imorized represen	tatrye of a membe	r	
			obin Jones			