

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000474159

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC
Account Number : I20170000090
Phone : (305)358-1310
Fax Number : (305)503-6701

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

Email Address: ara18723@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANAM MYSTIC TRAVELS LLC**

Certificate of Status	0
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2024 OCT 11 PM 4:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 11 PM 5:53

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ANAM MYSTIC TRAVELS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/16/2023 and assigned Florida document number L23000474159.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RAMIRO ENRIQUE PEDRAZA GONZALEZ	150 SE 2ND AVE STE 404 MIAMI, FL 33131	REMOVE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ARTICLE VI


THE MAIN OBJECTIVE OF THE COMPANY IS:

SUPPORT TRAVELERS DESIGN TRIPS TO SACRED PLACES BY CONNECTING THEM WITH TOUR OPERATORS THAT PROVIDE HOTEL, GUIDE, AND MEAL SERVICES AT THE DESTINATION.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

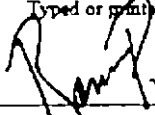
Dated OCTOBER 10, 2024



Signature of a member or authorized representative of a member

CLAUDIA MONICA JIMENEZ POVEDA

Typed or printed name of signer



Signature of a member or authorized representative of a member

RAMIRO ENRIQUE PEDRAZA GONZALEZ

Typed or printed name of signer