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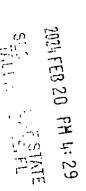




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COVER LETTER.

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: Tra	vel Lady J.	ess		
		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Je	SSica Matt		
		Name of Person		
	Tra	vel Lady Jess Firm/Company		
	177	E New England	Drive	
	EIKto	n FL 32033 City/State and Zip Code		
	E-mail address:	ady jess @ 9 m.C to be used for future annual report notific	eation)	
For further information c	oncerning this matter, please e	all:	FEB	
	ca Matt	City/State and Zip Code City/State and Zip Code City/State and Zip Code To be used for future annual report notificall: at (904) 505 Area Code Daytime	SEC SEC PH 4: 29 Telephone Number	مه . د س قال هم
Enclosed is a check for the	ne following amount:		4: 29 STATE EVEL	
S25,00 Filing Fee S25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration Sect	ion	
Division of C	orporations	Division of Corp	orations	
P.O. Box 632	. 1	The Centre of Ta	Hahassee	

Taliahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Travel La	ady Jess, I	_LC		
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appe da Limited Liability Company	ears on our records.) ()		
The Articles of Organization for this Limited Liability	Company were filed on _	11/15/2023	and assigned	l
Florida document number <u>L 23 0 0 0 5 16 7 6</u>	<u>, O</u> .	•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company	here:		
The new name must be distinguishable and comain the words "Li	mited Liability Company," the	e designation "LLC" or the al	bbreviation "L.L.C."	—
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADE	ORESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
			2074 F	
B. If amending the registered agent and/or register	ed office address on our	records, enter the nan	ie of the new regi	M <u>istër</u>
agent and/or the new registered office address here	:		O PH	ر د د م آو . غ سالت
Name of New Registered Agent:			ing F	^{رو} فتنا`
New Registered Office Address:	Finter E	lorida street address	29 FATE	
	Timer 1			
	City	Florida	Zip Code	
New Registered Agent's Signature if changing Register	•		.,	

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 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
MGR	Jessica Matt	177 E New England Drive Elkton, FL 32033	ĭX Add
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Filing Fee: \$25.00