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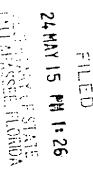
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(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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## **COVER LETTER**

TO:

	tegistration Sec Division of Corp					
au <b>n 10.0</b> 0		E'S TRAVEL LLC				
SUBJECT:Name of Limited Liability Company						
The enclos	sed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please retu	um all correspo	ndence concerning this matter	to the following:			
		JENNY AMENEIRO-RUI	LE			
	Name of Person					
TWO RULE'S TRAVEL LLC						
Firm/Company						
	1417 SADLER RD #200					
	Address					
	FERNANDINA BEACH FL 32034					
			City/State and Zip Code			
		tworulestravel@gmail.com	to be used for future annual report no	tification)		
For furthe	r information co	oncerning this matter, please c		anamon,		
JENNY AMENEIRO-RULE		786 298-1629				
Name of Person			me Telephone Number			
Enclosed	is a check for th	e following amount:				
₩ \$25.0	0 Filing Fec	☐ \$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 Address: Registration Section		Street Address: Registration S	ection			
Division of Corporations			Division of Co	orporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO RULE'S TRAVEL LLC

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
he Articles of Organization for this Limited Liability Company were filed on Fe lorida document number L24000074352	bruary 7, 2024 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company he	ere:
ne new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	\$ 5 F
nter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	
	OR S
	इत क
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:  Name of New Registered Agent:	ecords, enter the name of the new re
New Registered Office Address:	rida street address
Enter Flor	raa street address

## 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.

City

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>	Type of Action
AMBR	TWILA S SIZEMORE	2015 CARTMILL DR	🗀 Add
		POWELL TN 37849	■Remove
			□Change
AMBR	WILLIAM R.RULE III	2525 CAPRICE LN	≣Add
		FERNANDINA BEACH FL 32034	Петюче
			□Change
			□Add
			Remove
			□Change
			□Adđ
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 MAY 8TH, 2024 10:28 AM Signature of a member or authorized representative of a member JENNY AMENEIRO-RULE

Typed or printed name of signee