## L24000074352

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## **COVER LETTER**

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SUBJEC		E'S TRAVEL LLC	,	
SUBJEC	- I:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JENNY AMENEIRO-RU	LE	
			Name of Person	
			Firm/Company	
1417 SADLER RD #200 Address				
		TWORULESTRAVEL@G	City/State and Zip Code MAIL.COM	
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
JENNY AMENEIRO-RULE		786 298-1629		
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>=</b> \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	antian
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO RULE'S TRAVEL LLC		
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on ou lorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabil Florida document number L24000074352		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BO	<u>x)</u>	· · · · · · · · · · · · · · · · · · ·
	<del></del>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		s, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
_	City	, Florida 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 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	JENNY AMENEIRO-RULE	1417 SADLER RD #200	□Add
		FERNANDINA BEACH FL 32034	□Remove
AMBR	TWILA S SIZEMORE	2015 CARTMILL DR	□Add
		POWEL TN 37849	■Remove
AMBR	WILLIAM R RULE III	1417 SADLER RD #200	<b>≣</b> Add ,
		FERNANDINA BEACH FL 32034	□Remove
			□Change
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record speci	es a delayed effective date	e, but not ar	i effective ti	me, at 12:01 a	.m. on the ear	lier of: (b)	The 90th day afte	er the
l is filed.	5TH	· .	2024	<u>-</u> .				
l is filed.	5TH Sign:	ature of a me	2024 mber or autho	rived represent	ative of a memb	oer .		