L24000113053



(Re	equestor's Name)	-
(Ac	ddress)	-
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Co	•		
FLY TO SUBJECT:	P TRAVELS LLC ·		
	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	VINICIUS PRANGE ST	IBORSKI	
		Name of Person	
	FLY TOP TRAVELS LLO	С	
		Firm/Company	
	6965 PIAZZA GRANDE	AVE UNIT 206	
		Address	
	ORLANDO		
		City/State and Zip Code	
		@ 9 mail · em	·
For further information	concerning this matter, please o	•	incauon)
۵	•		•
· KAFAEL B	BalBINOT	ax 754 256	8110
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 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 Se	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee,	FL 32314	2415 N. Monro Tallahassce, FI	be Street, Suite 810 _ 32303

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

P-1	Υ.	TOP	ΠR	Αν	н	<u>ا</u>	ſΙ	1	'n

(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 03/05/2024 and assigned Florida document number L24000113053 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 "L.L.C." RAFAEL BARROS BALBINOT Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2080 OCEAN DR UNIT 107 .3 HALLANDALE BEACH, FL 33009 Enter new mailing address, if applicable: 6965 PIAZZA GRANDE AVE UNIT 206 ORLANDO, FL 32835 (Mailing address MAY BE A POST OFFICE BOX) 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: VINICIUS PRANGE STIBORSKI Name of New Registered Agent: 6965 PIAZZA GRANDE AVE UNIT 206 New Registered Office Address: Enter Florida street address ÓRLANDO

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 fonfirm that the limited liability company has been notified in writing of this change.

City

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>	Address	Type of Action
MGR	RAFAEL BARROS BALBINOT	6965 PIAZZA GRANDE AVE UNIT 206	
		HALLANDALE BEACH, FL 33009	■Remove
		,	□Change
MGR	VINICIUS PRANGE STIBORSKI	6965 PIAZZA GRANDE AVE UNT 206	□Add
		ORLANDO, FL 32835	□Remove
			= Change
			□Add
			□Remove
			□Change
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record I is file	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 ed.
	07/19, 2024
ated _	
ated _	

Filing Fee: \$25.00