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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

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

Email:	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TINKERBELL TRIPS LLC

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MAY 2 2 2024

Registration Section

From: Rajiv Srivastava

TO:

COVER LETTER

Division of C	orporations RBELL TRIPS LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Cheyenne Moseley		
	Legalzoom.com, Inc.	Name of Person	
	101 N Brand Blvd 11th F	Firm/Company	
	Glendale, CA 91203	Address	
	makayladwithsmartmoms		
For further information	E-mult address: (n concerning this matter, please co	to be used for future annual report no	tification)
Cheyenne Moseley	reconstruing this matter, preuse a	800 773-0888	
Name	e of Person	at ()	me Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAI	ILING ADDRESS:	STREET/COUF	RIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF	FILED SECOND IN
TRIPS LLC	TALLAHASSEE, FI MALE
(Name of the Limited Liability Company as it now appears on our rec	ords.)

TINKERBELL TRIPS LLC

(A Flori	ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 04/01/2024 and assigned
Florida document number L24000154054	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
Makayla's Travel Ventures LLC	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	istered office address on our records, enter the name of the n
registered agent and/or the new registered office ad	dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

To:

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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f an effective date is listed, the date m Note: If the date inserted in this b	date of filing: st be specific and cannot be prior to da ock does not meet the applicable epartment of State's records.	te of filing or more than 90 days after statutory filing requirements, this	filing.) Pursuant to 605.0207 (3
e record specifies a delaye The 90th day after the re	d effective date, but not an ord is filed.	effective time, at 12:01 a	a.m. on the earlier of:
Dated May 16,	, 2024		
Maky	17/me		
	Signature of a member or authorized	I representative of a member	

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Filing Fee: \$25.00