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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 : (323)389-0502 Fax Number

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

mail	Address:	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGENCY TRAVEL LLC

Certificate of Status	0
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M. SOLOMON

JUN - 6 2024

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Help

COVER LETTER

TO: Registration Se Division of Cor				
AGENCY	TRAVEL LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Mike Town			
		Name of Person		
	Legalzoom.com, Inc.			
		Firm/Company		2024
	9900 Spectrum Dr			2024 JUN -6
		Address		
	Austin, TX 78717			7 7 7 7 3 3 4 7 7 7 7 3 3 3 4 7 9 5 8 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
		City/State and Zip Code		37. 2
	meutting l@hotmail.com E-mail address: (to be used for future annual report notif	ication)	on on
For further information e	oncerning this matter, please of	-	•	
Cheyenne Moseley		800 773-0888		
Name o	t Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	na fallausina amaunt			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	■ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.	
225.00 rmag ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of State Certified Copy (additional copy is one	
	ING ADDRESS:	STREET/COURI Registration Section		

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

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

From: Laura Rodriguez

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGENCY TRAVEL LLC (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000184760		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	1130 NE 14th Ave.	22
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, Florida 33304-2222	
		133 6
Enter new mailing address, if applicable:	P.O. Box 7964	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, Florida 33338-7964	ာ်ရှိ မှ
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		he name of the new
THE HERMANIA SHIPE FIRST	Enter Florida street address	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		ληρ Coac
Thereby accept the appointment as registered agent and agr		ee to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and I am fo	miliar with and

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MICHAEL A. CUTTING		🗀 Add
			□ Remove
		1130 NE 14th Ave. Fort Lauderdale, Florida 33304-2222	■ Change
AMBR	Sarita Vídal		
		<u></u>	Remove
		1130 NE 14th Ave. Fort Lauderdale, Florida 33304-2222	☐ Change
			☐ Remove
			Chánge 202
			Ochánge 2024 JUN - 6 PH
			Remove PH 3: 15
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

,		From; Laura Roc
). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ive date, if other than the date of filing:	5.0207 (3)(b) ed as the
the re) The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlies 90th day after the record is filed.	er of:
Dated	05/14/2024 Almato	
	Signature of a member or authorized representative of a member	
	Sorito Widol	
	Sarita Vidal Typed or printed name of signee	

To;

Page 3 of 3

Filing Fee: \$25.00