11/8/24, 8:45 AM

Division of Corporations

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: LEGALINC CORPORATE SERVICES INC. Account Name

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (323)372-3532



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

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H240003726193))))

TDML TRAVEL LLC

(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 C	ompany were filed on 10/29/2	024 and assigned.
Florida document number 1.24000459129	<u></u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR		
Enter any mailing address if applicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
AMILIAN MATERIAL DE ATOST OFFICE BOXY		
	d office address on our recor	
New Registered Office Address:	Enter Florida st	revt address
		Clouido
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of the obligations of my position as registered against filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my e gent as provided for in Chap	lutics, and I am familiar with and ter 605, F.S. Or, if this document is
	If Changing Registered Agent, §	iignature of New Registered Agent

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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
AMBR	TRUST, JONES	910 E 3RD ST	□ Add
		LAKESIDE, OH 43440	
			□ Change
AMBR	Jones Living Trust, Dated January 10, 2019	910 E 3RD ST	≣Add
		LAKESIDE, OH 43440	□ Remove
		<u></u> .	□ Change
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record specifies a delayed effective is filed.	date, but	not an effe	ctive time	e, at 12:01 :	a.m. on the	carlier of: (b) The 9	Oth day af	ter the
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