

L9900000 5126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

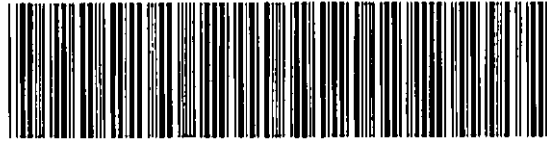
(Document Number)

Certified Copies ☒

Certificates of Status ☐

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S. TALLENT
FEB 10 2020

2020 FEB 10 PM 5:41
FEB 10 2020

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2020

RAUL RIO
3363 W. COMMERCIAL BLVD., SUITE 202
FT. LAUDERDALE, FL 33309

SUBJECT: ISCO TRAVEL SERVICES-U.S.A., L.L.C.
Ref. Number: L99000005126

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE ATTACHED PRINTOUT SHOWS THE AUTHORIZED PERSON LISTED AS A PRESIDENT. PLEASE AMEND YOUR DOCUMENT ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 520A00001359

2020 FEB 10 PM 1:59

www.sunbiz.org

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ISCO TRAVEL SERVICES-U.S.A., L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAUL RIO

Name of Person

Firm/Company

3363 W. COMMERCIAL BLVD., SUITE 202

Address

FT. LAUDERDALE, FLA., 33309

City/State and Zip Code

rrio@intervalservicing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAUL RIO

954

485-5400

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Address</u>	<u>Type of Action</u>
<i>President</i> AMBR	LUIS A MEDINA	3363 W. COMMERCIAL BLVD., SUITE 202	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAUL RIO	3363 W. COMMERCIAL BLVD., SUITE 202	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

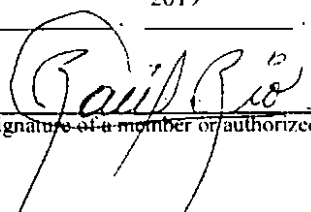
E. Effective date, if other than the date of filing: DECEMBER 12TH, 2019 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 12TH, 2019



Signature of a member or authorized representative of a member

RAUL RIO

Typed or printed name of signee

Filing Fee: \$25.00