M03000003937

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phone	∋#)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE
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COVER LETTER

· . TO:

TO: Registration Section Division of Corporations		
	TRADERS LLC Limited Liability Company	
Dear Sir or Madam:	, , ,	
Dear Sir of Madam.		
The enclosed application, certificate and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
WILLIAM PINEDA		25 =
Name of Person		CRE
		MAR 28 CRETARY LAHASS
TRAVEL TRADERS LLC		<i>(</i> 11 −<
Firm/Company		S. J. S.
		PM 2: 43MAR 28 OF STASECRETAR E. FLORNOLAHASS
6205 BLUE LAGOON DRIVE, STE	: 550	RCG R
Address		HE HE
MIAMI, FL 33126		čn-≺
City/State and Zip Code		ल्ल स
City/State and Zip Code		FLO STI
WILLIAM.PINEDA@TRAVELTRADE	RSLLC.COM	몸쓰
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, p	olease call:	
WILLIAM PINEDA	at (786) 38 <u>8-2575</u>	
Name of Person	Area Code & Daytime Telephone N	umber
	•	
STREET/COURIER ADDRESS:	MAILING ADDRES	SS:
Registration Section	Registration Section	
Division of Corporations	Division of Corporation P.O. Box 6327	ons
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 3:	2314
Tallahassee, Florida 32301	· • · · · · · · · · · · · · · · · · · ·	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$30 Filing Fee &	□\$55 Filing Fee & 🔽 \$60 Filing	
Certificate of Status	Certified Copy Certificate Certified C	of Status & Copy



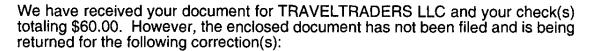
FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2011

WILLIAM PINEDA TRAVEL TRADERS LLC 6205 BLUE LAGOON DRIVE, STE 550 MIAMI, FL 33126

SUBJECT: TRAVELTRADERS LLC

Ref. Number: M03000003937



A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 111A00002669



6205 Blue Lagoon Drive Suite 550 Miami, FL 33126 786-388-2500 Office 786-388-2560 Fax

March 23, 2011

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

RE: TRAVEL TRADERS LLC; Ref# M03000003937; Letter# 111A00002669

To Whom It May Concern:

Please find enclosed a certified document of amendment from the Delaware Secretary of State as evidence TRAVELTRADERS LLC changed to TRAVEL TRADERS LLC.

If you have any questions, please feel free to contact me at 786-388-2575.

Sincerely,

William Pineda
Compliance Analyst

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SECRETARY OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: TRAVELTRADERS LLC	
2. Jurisdiction of its organization: DELWARE	
3. Date authorized to do business in Florida: 11/25/2003	
SECTION II (4-7 complete only the applicable changes)	
4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 12/9/2010	
5. New name of the limited liability company: TRAVEL TRADERS LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")	
6. If the amendment changes the period of duration, indicate new period of duration: N/A N/A N/A N/A N/A N/A	
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: N/A N/A	f !
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A	
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Signature of a member or the authorized representative of a member TRICIA MINER Typed or printed name of signee	ı

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "TRAVELTRADERS LLC",
CHANGING ITS NAME FROM "TRAVELTRADERS LLC" TO "TRAVEL TRADERS
LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF DECEMBER, A.D.
2010, AT 12 O'CLOCK P.M.

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SECRETARY OF STATE
TALL AHASSEE F. STATE

3694193 8100

110287103

AUTHENTICATION: 8633991

DATE: 03-18-11

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 12:00 PM 12/09/2010 FILED 12:00 PM 12/09/2010 SRV 101172024 - 3694193 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of	f Limited L	iability Comp	any: TRAVEL	TRADER	S LLC
The Cor	tifiants of E	ometion of	he limited lighi	lity com	oany is hereby ame
as follow		ormation of i	ne mmed naoi	nty com	Jany is necessy arms
					ed Liability
Compar	ny is na	ned TRAVE	L TRADERS	LLC	
	7 L	•	_		ted this Certificate
the	2 ha	day of _	December		, A.D. <u>2010</u> .
			1		1011 -
		•	ву: Ми	1/1	MIMON
			27	Author	ized Person(s)
			1	105 6	11.0.2
			Name: Y	<u>iua</u>	MINER
				Pri	nt or Type

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SECRETARY OF STATE
FALLAHASSEE, FI DB.E.