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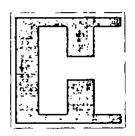
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AUG 2 7 2019 S. YOUNG



David F. Hanley, Esq. david@hanleyfirm.com

August 13, 2019

Via Federal Express #7759 6975 6923

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

Re: TRAVELALLRUSSIA LLC

Document Number: M14000009260

Dear Sirs:

Please find enclosed for filing an Application By Foreign Limited Liability Company To File Amendment To Certificate of Authority To Transact Business In Florida for TRAVELALLRUSSIA LLC (Florida Document Number: M14000009260) changing its name to Firebird Tours, LLC, along with a certified copy of the New York Certificate of Amendment evidencing same, and this Firm's check in the amount of \$25.00 representing the filing fee for same.

Should you require anything further, please do not hesitate to call me directly at the number below.

DAVID F. HANLEY

Very truly yours,

COVER LETTER

Registration Section

TO:

Division of Corporations TRAVELALLRUSSIA LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: David F. Hanley, Esq. Name of Person David F. Hanley, P.A. Firm/Company 3201 Overlook Road Address Davie, Florida 33328 City/State and Zip Code david@hanleyfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David F. Hanley, Esq. at 954 Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & ☐ \$60 Filing Fcc, \$30 Filing Fee & \$25 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appe		epartment of		
State: TRAVELALLRUSSIA LI	LU			
Enter new principal office address, if applicable	e:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
2. The Florida document number of this limited	l liability company is: M14000	0009260		
3. Jurisdiction of its organization: New Yo				
4. Date authorized to do business in Florida:	12/29/2014			
SECTION II (5-9 complete only the applicab	ole changes)	LC mpany, ""L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adoptopy of the written consent of the managers or must contain "Limited Liability Company," "L	managing members adopting the a	business in Florida and attach a lternate name. The alternate name		
6. If amending the registered agent and/or registered agent and/or the new registered office	stered officer address on our record se address here:	s, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florid	du Street Address		
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered the provisions of all statutes relative to the pro and accept the obligations of my position as re document is being filed to merely reflect a challiability company has been notified in writing of	agent and agree to act in this capa oper and complete performance of egistered agent as provided for in C nge in the registered office address	my duties, and 1 am jamiliar with Chapter 605, F.S. Or, if this		

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Remove	
			Add	
aforementio	under the law of which this entity is organ	the official having custody of records in the nized. he authorized representative	Remove	

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 8, 2019.

Bradon C Hugher

Brendan C. Hughes Executive Deputy Secretary of State

Rev. 06/13

190807000

NEW YORK Division of Corporations, STATE OF OPPORTUNITY. State Records and Uniform Commercial Code

Department of State
Division OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE

One Commerce Plaza 99 Washington Ave. Albany, NY 12231-0001 www.dos.ny.gov

CERTIFICATE OF AMENDMENT OF ARTICLES OF ORGANIZATION OF

TRAVELALLRUSSIA LLC (Insert Name of Domestic Limited Liability Company) (Name change only) Under Section 211 of the Limited Liability Company Law FIRST: The name of the limited liability company is: TRAVELALLRUSSIA LLC If the name of the limited liability company has been changed, the name under which it was organized is: SEPTEMBER 07, 2007 SECOND: The date of filing of the articles or organization is: THIRD: The amendment affected by this certificate of amendment is as follows: Paragraph FIRST of the Articles of Organization relating to the name of the limited liability company is hereby amended to read as follows: FIRST: The name of the limited liability company is: FIREBIRD TOURS, LLC Capacity of Signer (Check appropriate box):

Authorized Person

Vyacheslav Shirokov

(Type or print name)

CERTIFICATE OF AMENDMENT **OF** ARTICLES OF ORGANIZATION OF

TRAVELALLRUSSIA LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

Filer's Name and Mailing Address:

David F. Hanley, Esq. Name: David F. Hanley, P.A. Company, if Applicable: STATE OF NEW YORK 3201 Overlook Road DEPARTMENT OF STATE Mailing Address: Davie, Florida 33328 AUG 0 7 2019 City, State and Zip Code: FILED

NOTES:

TAX S 1. This form was prepared by the New York State Department of State to amend paragraph FIRST of the articles of organization to change the name of a domestic limited liability company. You are not required to use this form: You may draft your own form or use forms available at legal supply stores.

2. The name of the limited liability company and the date of filing of the articles of organization must exactly match the records of the Department of State. This information should be verified on the Department of State's website at www.dos.nv.gov.

3. The Department of State recommends that legal documents be prepared under the guidance of an attorney.

4. This certificate must be submitted with a \$60 filing fee made payable to the Department of State.

(For office use only)