Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000028620 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

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.

Email	Address:			
CINCL	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRUISE PLANNERS INSPIRED TRAVEL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Help



January 27, 2025

To:

FLORIDA DEPARTMENT OF STATE

CRUISE PLANNERS INSPIRED TRAVEL LLC
2951 SOUTH BAYSHORE DRIVE
#607
COCONUT GROVE, FL 33133US

SUBJECT: CRUISE PLANNERS INSPIRED TRAVEL LLC

REF: L25000002528

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L23000125000.

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) 245-6000.

Rebekah Lefeavers FAX Aud. #: H25000028620 Regulatory Specialist III Letter Number: 325A00001573 To:

(((H25000028620 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRUISE PLANNERS INSPIRED TRAVEL LLO	C	
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records. nited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/30/2024	and assigned
Torida document number L25000002528		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Be Inspired Travel L1.C		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRES.</u>	<u>S)</u>	·
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address here:	fice address on our records, <u>enter t</u>	he name of the flew regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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 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:

(((H25000028620 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			□ Add
			□ Remove
			□Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			☐Add
			□Remove
			□Change

	Page: 5 of 5	2025-01-28 16:46.08 PST	13239781209 (((H25000028620 3)))	From: Anna Manukyan
D. If amendi	ng any other informatio	on, enter change(s) here: (Attac	h additional sheets, if necessary.)	
			100 - 100 -	
_				
(If an effective Note: If the		e specific and cannot be prior to date of fi k does not meet the applicable statut	(optional) ling or more than 90 days after filing.) Pursuant ory filing requirements, this date will not	
If the record spe record is filed.	cifies a delayed effective d	ate, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th da	y after the
Janu Dated	ary 15	2025		

To:

(((H25000028620 3)))

Filing Fee: \$25.00

Typed or printed name of signee

Jane Pechous (Jan 22, 2025) Baddre 57 himember, or authorized representative of a member

Jane Pechous