

# L160000217395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

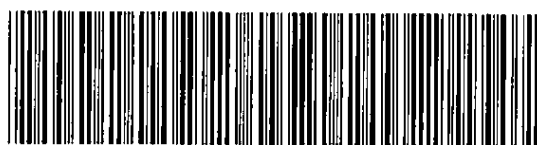
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CARIBBEAN TOURS USA LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CARIBBEAN TOURS USA LLC

\_\_\_\_\_  
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:

ERIK LICHTER

\_\_\_\_\_  
Name of Person

THE LICHTER LAW GROUP

\_\_\_\_\_  
Firm/Company

5805 BLUE LAGOON DR, SUITE 178

\_\_\_\_\_  
Address

MIAMI, FL 33126

\_\_\_\_\_  
City/State and Zip Code

ERIK@THELICHTERLAWGROUP.COM

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

For further information concerning this matter, please call:

ERIK LICHTER

305 894-6750  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CARIBBEAN TOURS USA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
**2024 FEB 28 AM 10:45**  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/30/2016 and assigned  
Florida document number L16000217395.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ERIK J LICHTER PA

New Registered Office Address:

5805 BLUE LAGOON DRIVE, SUITE 178

*Enter Florida street address*

MIAMI

*City*

Florida

33126

*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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BLASS, ANDREAS R.	4430 SW 83RD AVENUE, MIAMI, FL 33155	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RUEFENACHT, RETO DANIEL	4430 SW 83RD AVENUE, MIAMI, FL 33155	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RUEFENACHT, RETO DANIEL	4430 SW 83RD AVENUE, MIAMI, FL 33155	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Additional amendments to Articles of Organization of CARIBBEAN TOURS USA LLC are included in the  
EXHIBIT A attached hereto, incorporated herein, and made a part of this Articles of Amendment to said Articles  
of Organization. -----

FILED  
2024 FEB 28 AM 10:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 ~~XXXXXXXXXX~~ <sup>JDW</sup> February 6th, 2024

Andreas R. Blass

Reto Daniel Ruefenacht

Signature of a member or authorized representative of a member

ANDREAS R BLASS and RETO DANIEL RUEFENACHT

Typed or printed name of signee

**EXHIBIT A**  
**TO**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**  
**CARIBBEAN TOURS USA LLC**

This Exhibit A is submitted to amend the following:

1. Nature of Business.

To broker, sale and or buy vacation packages internationally and other legal business or businesses associated with the brokerage and trading internationally. The nature of the business may be changed at any time. Caribbean Tours USA LLC (the "Company") is authorized to enter any legal business within the United States of America and internationally as such is decided by the Owners/Members.

2. Day-To-Day Operation.

The Manager(s) of the Company is/are the Legal Representative(s) of the Company and shall provide their full-time services and best efforts on behalf of the Company. Services include, but not exclusive of the following acts: Manage the day to day operations of the business; employ people or services as necessary; hire or fire employees or professionals as necessary; buy or sell any product or services as needed; conduct the proper accounting and provide the proper reporting for taxes both for the State and the Federal taxing authorities; provide travel services; authorize opening of bank accounts in the United States and/or in any other country.

The Company shall operate from Miami, Florida, Unites States of America, and/or from any other place chosen by the Owners/Authorized Members as the business of the Company requires.

3. Capital Contributions.

The capital contribution of the Owners/Members to the Company is equal to their respective percentage of ownership of the Company, as follows:

- C.T.U. International Services, L.L.C. a Florida limited liability company – 65%.
- Reto Daniel Ruefenacht – 25%.
- Andreas R Blass – 10%.

The Manager(s) of the Company is/are the Legal Representative(s) of the Company, being as of this date the following:

- Reto Daniel Ruefenacht – Manager and Legal Representative.

4. Profits and Losses.

The profits and losses of the Company shall be the responsibility and be borne by the Owners/Members of the Company.

5. Partnership Interest.

Reto Daniel Ruefenacht, as Manager and Legal Representative of the Company is authorized to act individually, to enter into agreements and/or transactions with other entities or individuals pertaining to the business of the Company.

IN WITNESS WHEREOF, the Owners of the Company have duly affixed their signature under hand and seal on this 6 day of ~~XXXXX~~ February, 2024.

C.T.U. International Services, LLC, a Florida limited liability company

*Reto Daniel Ruefenacht*

By: Reto Daniel Ruefenacht,  
as Authorized Member

*Andreas R. Blass*

By: Andreas R Blass,  
as Authorized Member

*Reto Daniel Ruefenacht*

Reto Daniel Ruefenacht, as Member of  
Caribbean Tours USA LLC

*Andreas R. Blass*

Adreas R Blass, as Member of  
Caribbean Tours USA LLC



## NOTARY ACKNOWLEDGMENT

STATE OF Florida

COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of ☐ physical presence  
or ☒ online notarization, this 6 day of February 2024, by Andreas R. Blass.

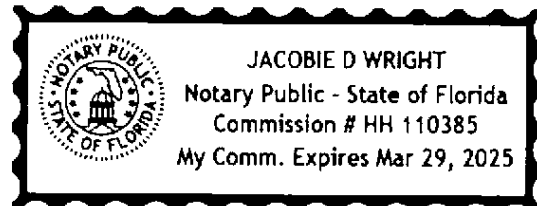
(Seal)

*J.D. Wright*

Jacobie D. Wright

Signature of Notary Public

Print, Type/Stamp Name of Notary



Personally known: \_\_\_\_\_

OR Produced Identification: ☒ \_\_\_\_\_

Type of Identification Produced: Passport

Completed via Remote Online Notarization using 2 way Audio/Video technology.