

10/29/24, 10:12 AM

Div: Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CONTADORUSA INC.  
Account Number : I20200000118  
Phone : (305)260-6968  
Fax Number : (786)513-7810

2024 OCT 29 PM 3:35  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KITEXPERIENCE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

OCT 30 2024

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Corporate Filing Menu

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To

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2024-10-29 14:18:37 GMT

17865137810

From: Paloma Duarte

ARTICLES OF AMENDMENT TO  
ARTICLES OF ORGANIZATION OF

KITEXPERIENCE LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on L15000062684 and assigned  
Florida document number 4/9/2015.

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 "LLC."

Enter new principal offices address, if applicable:

15805 BISCAYNE BLVD STE 201

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA, FL 33160

Enter new mailing address, if applicable:

15805 BISCAYNE BLVD STE 201

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33160

**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:

FL REGISTERED AGENTS SERVICES LLC

New Registered Office Address:

15805 BISCAYNE BLVD STE 201

*Enter Florida street address*

AVENTURA

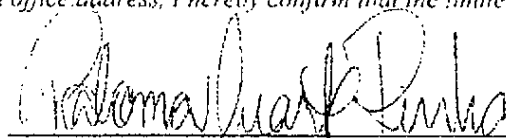
*City*

Florida 33160

*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>
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AMBR	Ruben Lizón	15805 BISCAYNE BLVD STE 201	<input type="checkbox"/> Add
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