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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : I20070000019

Phone

: (518)689-1212

Fax Number

: (518)432-0742

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

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AKQUASUN KONNECT USA, LLC

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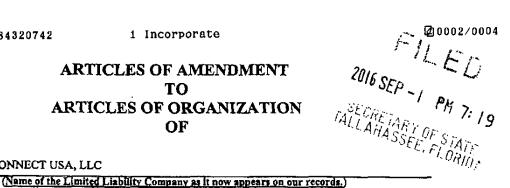
Corporate Filing Menu

Help

K. SALY EXAMINER

1 Incorporate

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



AKQUASUN KONNECT USA, LLC

	(A)	rional Limited Ciapinty Compar	ıy)	
	cles of Organization for this Limited Liabi ocument number <u>L15000151128</u>	ility Company were filed on	09/03/2015	and assigned
Γhis ame	ndment is submitted to amend the followi	ng:		
A. If am	ending name, enter the new name of th	e limited liability company	<u>y here</u> :	
KONNE	CT USA TOURS LLC			
The new m	ame must be distinguishable and contain the word	s "Limited Liability Company," t	he designation "LLC" or	the abbreviation "L.L.C."
Enter ne	w principal offices address, if applicabl	e; <u>-</u>		
Principa	ul office address MUST BE A STREET A	IDDRESS)		
Malling	w mailing address, if applicable: address MAY BE A POST OFFICE BO mending the registered agent and/or		on our records e	nter the name of the ne
	d agent and/or the new registered offic			are the hamp or the ha
	Name of Nam Daylan and Assay	HARDIK PATEL		
	Name of New Registered Agent:	IMORTALE		
	Name of New Registered Agent: New Registered Office Address:	2751 S CHI	CKSAW TRL., STF Florida street address	# 102
		2751 S CHI		

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>	Address	Type of Action
PRESIDENT	HARDIK PATEL	2748 ARBOR TRAIL WAY	□ Add
		ORLANDO, FL 32829	□ Remove
			Change
			□ Remove
			Change
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Effective date, if other than the of If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	ck does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (y filing requirements, this date will not be listed as the
he record specifies a delayed The 90th day after the reco	effective date, but not an effect rd is filed.	tive time, at 12:01 a.m. on the earlier of:
Dated	2016	
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	ignature of a member or authorized represe	