9/14/2017 Division of Corporations

L16000135989

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2017 SEP 14 PM 5:56
TALLAHASSEE, FLORIDA

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

From:
Account Name : AMBAR DIAZ, P.A.
Account Number : I20110000016
Phone : (305)476-8100
Fax Number : (305)476-8788

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

Email Address: ambar70@gmail.com

2017 SEP 14 AM 10:20

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CIC TRAVEL USA, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

SEP 15 2017
J. HARRIS

Electronic Filing Menu Corporate Filing Menu Help

(((H17000242985 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIC TRAVEL 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:

MAURICIO OSUNA
Name of Person

CIC TRAVEL USA, LLC.
Firm/Company

7872 SW 162 CT
Address

MIAMI, FL 33193
City/State and Zip Code

osuna70@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURICIO OSUNA at (561) 331-7862
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

((H17000242985 3)))

CIC TRAVEL USA, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 07/20/2016 and assigned Florida document number L16000135989.

This amendment is submitted to amend the following:

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

NO CHANGES

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)

7872 SW 162 CT
MIAMI, FL 33193

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7872 SW 162 CT
MIAMI, FL 33193

FILED
SEP 14 2017
2:01 PM

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: NO CHANGES

New Registered Office Address: 7872 SW 162 CT
Enter Florida street address

MIAMI, Florida 33193
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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MAURICIO OSUNA	7872 SW 162 CT	☐ Add
		MIAMI, FL 33193	☐ Remove
			■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

NO CHANGES (((H17000242985 3)))

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 SEPTEMBER 7 2017

Signature of a member or authorized representative of a member

MAURICIO OSUNA

Typed or printed name of signee

FILED
2017 SEP 14 AM 10:26
TALLAHASSEE, FLORIDA

Filing Fee: $25.00

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