

L16000217395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

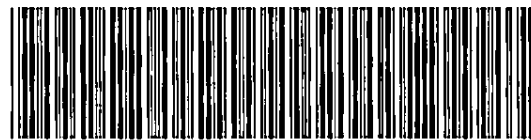
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Caribbean Tours USA LLC 216000217395
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:

Joaquin A. Sosa, JD

Name of Person

JAS.LAW, LLC

Firm/Company

1825 Ponce de Leon Blvd., Suite 500

Address

Coral Gables, Florida 33134

City/State and Zip Code

jasosa@bellsouth.net

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

For further information concerning this matter, please call:

Joaquin A. Sosa 954 933-6654
Name of Person at (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

**ARTICLES OF AMENDMENT AND REINSTATEMENT
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)

The Articles of Organization for this Limited Liability Company were filed on 11/30/2016 and assigned
Florida document number L16000217395 EIN 81-4583988

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:

4430 SW 83rd Avenue

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33155

Enter new mailing address, if applicable:

1825 Ponce de Leon Boulevard

(Mailing address MAY BE A POST OFFICE BOX)

Suite 500 c/o Sosa

Coral Gables, Florida 33134

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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:

Joaquin A. Sosa

New Registered Office Address:

1825 Ponce de Leon Blvd, Suite 500

Enter Florida street address

Coral Gables

Florida 33134

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stefanie Bauer	10829 NW 7th Street, Suite 13 Miami, Florida 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	C.T.U. International Services, LLC (80% OWNERSHIP)	4430 SW 83rd Avenue Miami, Florida 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Andreas R. Blass (10% OWNERSHIP)	4430 SW 83rd Avenue Miami, Florida 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Reto Daniel Rufenacht (10% OWNERSHIP)	4430 SW 83rd Avenue Miami, Florida 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AR	JAS. LAW, LLC (0% OWNERSHIP)	1825 Ponce de Leon Blvd., Ste.500 Coral Gables, Florida 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AR	STEFANIE BAUER (0% OWNERSHIP)	10829 NW 7th Street, Suite 13 Miami, FL 33172	<input type="checkbox"/> Change <input checked="" 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.)

1. To be added to record - EIN: 81-4583988

2. Managers of the organization to be transferred to owners of the entity as listed above as MGR (3)

3. Stefanie Bauer is changed to Authorized Representative instead of Manager. No ownership interest.

4. JAS.LAW, LLC is added as Authorized Representative. No ownership interest.

E. Effective date, if other than the date of filing: _____ (optional)

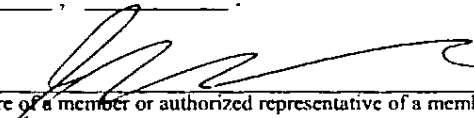
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 November 5, _____, 2018



Signature of a member or authorized representative of a member

Joaquin A. Sosa, Attorney *FOR JAS.LAW, LLC & AGENT*

Typed or printed name of signee