

L16 000 217 39S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

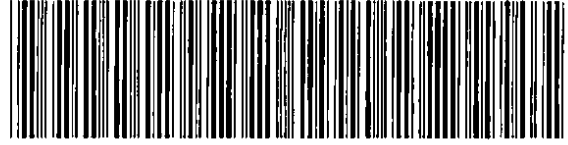
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700417130857

RECEIVED

2023 NOV 27 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 NOV 27 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2023 NOV 27 PM 11:37  
111 110

- \_\_\_ 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
CARIBBEAN TOURS USA LLC

SUBJECT: \_\_\_\_\_
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 DRIVE, 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)

2023 NOV 27 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FL

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)

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)**

5805 BLUE LAGOON DRIVE,

SUITE 178

MIAMI, FL 33126

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

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

5805 BLUE LAGOON DRIVE

SUITE 178

MIAMI, FL 33126

**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

Florida

33126

*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**



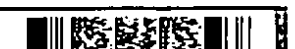
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	JAS.LAW LLC	1825 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		SUITE 500	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	CTU INTERNATIONAL SERVICES LLC	4430 SW 83 AVENUE	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
2022 NOV 29 AM 11:37  
STATE OF FLORIDA



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

Multiple horizontal lines for amending information.

2023 NOV 27 AM 11:37  
STATE OF NEW YORK  
FALLS

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

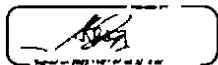
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

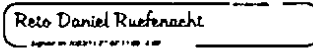
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

November 21 2023

Dated \_\_\_\_\_





Signature of a member or authorized representative of a member

Andreas R Blass and Reto Daniel Ruefenacht

Typed or printed name of signee

