

8/3/22, 10:56 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L19000062218

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000261824 3)))



H220002618243ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : HUNTON, ANDREWS, KURTH, LLP
Account Number : I20000000236
Phone : (305)536-2705
Fax Number : (305)810-2460

****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
CRUISE EXPEDITION COMPANY LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$55.00 |

2022 AUG -3 AM 11:28

FILED
 2022 AUG -3 PM 12:34
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

T. LEMIEUX

AUG -4 2022

(((H22000261824 3)))

DocuSign Envelope ID: 39C4D821-8474-4380-A2C8-B36F860B92C8

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRUISE EXPEDITION COMPANY 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:

Uriel A. Mendieta

Name of Person

Hunton Andrews Kurth LLP

Firm/Company

333 S.E. 2nd Ave., Suite 2400

Address

Miami, FL 33131

City/State and Zip Code

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

For further information concerning this matter, please call:

Uriel A. Mendieta

305 536 2729

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H22000261824 3)))

(((H22000261824 3)))

DocuSign Envelope ID: 39C4D821-8474-4380-A2C8-B35F860B92CB

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRUISE EXPEDITION COMPANY 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 March 12, 2019 and assigned
Florida document number L19000062218.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

BESHIR, MOSTAFA

New Registered Office Address:

1 E BROWARD BLVD #800

Enter Florida street address

FT LAUDERDALE

Florida 33301

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

FILED
2022 AUG -3 PM 12:34
CLERK OF DISTRICT COURT
FLORIDA

(((H22000261824 3)))

DocuSign Envelope ID: 39C4D821-8474-4380-A2C8-B36F860892CB

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 | ALIBERTI, GLEN A | 1220 N RIVERSIDE | <input type="checkbox"/> Add |
| | | POMPANO BEACH, FL 33062 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | RODRIGUES, JAMES | 1 E BROWARD BLVD #800 | <input checked="" type="checkbox"/> Add |
| & CEO | | FT LAUDERDALE, FL 33301 | <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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

(((H22000261824 3)))

