

**L2000007113**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC  
Account Number : 120180000103  
Phone : (407)374-2329  
Fax Number : (407)412-5926

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

Email Address: \_\_\_\_\_

2020 MAR 10 AM 10:33  
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2020 MAR 10 PM 2:01

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PRIME EXPERIENCE TRAVEL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

O SIMMONS  
MAR 11 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**PRIME EXPERIENCE TRAVEL, 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:

CELITON CARDOSO

\_\_\_\_\_ Name of Person

DOMINIUM CONSULTING SERVICES

\_\_\_\_\_ Firm/Company

6965 PIAZZA GRANDE AVE - SUITE 206

\_\_\_\_\_ Address

ORLANDO FLORIDA 32835

\_\_\_\_\_ City/State and Zip Code

SERVICES@DOMINIUM CS.COM

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

For further information concerning this matter, please call:

CAMILA \_\_\_\_\_ 407 374-2329  
Name of Person at ( \_\_\_\_\_ ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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  
TO  
ARTICLES OF ORGANIZATION  
OF**

PRIME EXPERIENCE TRAVEL, 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 03/02/2020 and signed  
Florida document number L20000067113.

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)

6965 PIAZZA GRANDE AVE - SUITE 206

ORLANDO, FL 32835

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

(Mailing address MAY BE A POST OFFICE BOX)

6965 PIAZZA GRANDE AVE - SUITE 206

ORLANDO, FL 32835

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

Florida

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>
	PRISCILA BERTOZO ALEYO		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
	GIANCARLO LORANDE FERNA		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input 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.)

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/10/2007 BY SP2007

**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 March 9th, 2020

Joseph Dor: Reis: Gegebeu:

Signature of a member or authorized representative of a member

Joceli dos Reis Giusepone

Typed or printed name of signee