

5/27/2021 4:47PM

Division of Corporations

No. 5209 P. 1

L20000132285
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 : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

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

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RG USA LLC

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
RG USA LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 05/15/2020 and assigned Florida document number: L20000132285

Article I

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."

Article II

Enter new principal offices address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

3150 PARADOX CIRCLE, UNIT 301, KISSIMMEE, FL 34746

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

1101 MIRANDA LANE, #112, KISSIMMEE, FL 34741

Article IV

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: WONDER VACATION HOMES LLC

New Registered Office Address: 1101 MIRANDA LANE, #112, KISSIMMEE, FL 34741

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

MGR = Manager AMBR = Authorized Member

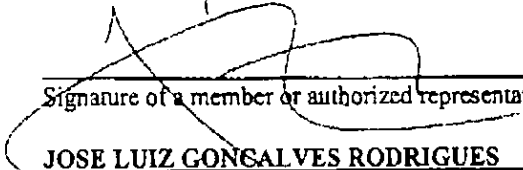
Title	Name	Address	Type of Action
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C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: MAY 24th 2021


Signature of a member or authorized representative of a member

JOSE LUIZ GONCALVES RODRIGUES

Typed or printed name of signer



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CLERK OF STATE
TALLAHASSEE, FLORIDA