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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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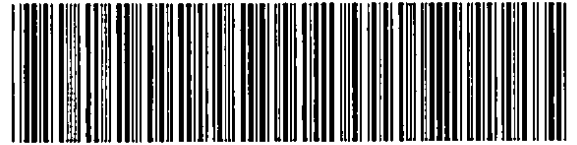
(Business Entity Name)

(Document Number)

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2023 MAY -3 PM 2:27
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MIAMI CRUISE EXPERIENCE 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:

JANNETT A RODRIGUEZ

Name of Person

H&R TAX ADVISORS LLC

Firm/Company

12741 SW 38TH TER

Address

MIAMI, FL

City/State and Zip Code

33175

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

For further information concerning this matter, please call:

JANNETT A RODRIGUEZ

Name of Person

786

at ()

Area Code

857-6252

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

2023 MAY -5 PM 2:26
SECRET
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIAMI CRUISE EXPERIENCE 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 10/27/2020 and assigned
Florida document number L20000331467.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Not applicable

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:

Not applicable

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Not 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:

Not applicable

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>
MGR	MARIA PAULA PESCE	12741 SW 38 TER	<input type="checkbox"/> Add
		MIAMI, FL 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANGEL RAMON	12741 SW 38 TER	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

NOT APPLICABLE

2023 MAY - 3 PM 2:26
SEBELLA
TALLA

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.

Dated MAY 1ST

2023

Signature of a member or authorized representative of a member

FABIO DANIEL ATARIA

Typed or printed name of signee