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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

	Registration Se Division of Cor			٠,		
SID IEC		TICKETS.COM LLC	•	5	•	
SUBJEC'	Γ:	Name of Lin	nited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	ırn all correspo	ndence concerning this matter	to the following:			
		Caroline Pereira Pinto				
			Name of Person			
			Firm/Company		<u>-</u>	
		13640 ne 1st ave				
			Address			
		Miami, FL 33161		 		
		gotourtickets@gmail.con	City/State and Zip C	ode		
			to be used for future an	nual report not	ification)	
For further	r information c	oncerning this matter, please c	ail:			
Caroline	Pereira Pinto		305 at (305305380	09	
	Name o	f Person	Area Code	Daytin	ne Telephor	ne Number
Enclosed i	s a check for th	ne following amount:				
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing I Certified Cop (additional copy)	y		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
_	lailing Addres	_	•	et Address:	ection	
Registration Section Division of Corporations			Registration Section Division of Corporations			
P	O. Box 632	7	The	Centre of	Tallahass	see
T	'allahassee, I	L 32314	241:	5 N. Monro	be Street.	Suite 810

Tallahassee, FL 32303

, , ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOTOURTICKETS.COM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

. (A Florida Limited Dabinty Col	mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L22000345426	d on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "L.L.C." 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 of agent and/or the new registered office address here: Name of New Registered Agent:	SECRETARY OF TALLAHASSE FL
New Registered Office Address:	
	inter Florida street address
City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	mce of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this document is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Caroline Pereira Pinto	13640 ne 1st ave	
	•	Miami, FL 33161	□Remove
			□Change
MGR	Caroline P Pereira	13640 ne 1st ave	□Add
		Miami, FL 33161	■Remove
	·		Change
			□Add
			□Remove
			□Change
			□Add
	•		□ Remove
			□Change
	· .		
			□Remove
	•		□Change
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record s I is filec		ved effective o	ate, but not	an effective t	ime, at 12:01	a.m. on the ea	arlier of: (b)	The 90th day a	fter the
) ated	lugust 26th	1		2022	·				
	10-		01						
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