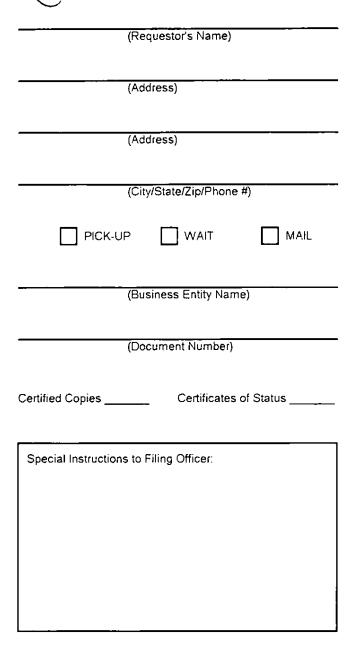
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Office Use Only



200423413602

02/06/24--01025--019 **25.00



COVER LETTER

TO: Registration Division of C			
	A RECRUITING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	CLAUDIO ZAMBURRU		
		Name of Person	
	OVERSEA RECRUITING	G LLC	
		Firm/Company	
	7541 SOLSTICE CIRCLE	E, APT 210	
		Address	
	ORLANDO, FLORIDA	32821	
		City/State and Zip Code	
	CLAUDIOZAMBURRU@		
For further information	e-mail address: (concerning this matter, please c	(to be used for future annual report not all:	incation)
CLAUDIO ZAMBUR		407 360-0225	
Name	of Person	at () Area Code Daytin	ne 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 Addr Registration		Street Address: Registration Se	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63 Tallahassee		The Centre of	
i ananassee	, LL J2J14	2413 N. MOHIO	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OVERSEA RECRUITING LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/31/2023 and	d assigned
Florida document number L23000056124		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
OVERSEA EXPERIENCES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		70
		<u> </u>
	: <u>}</u>	, I
Enter new mailing address, if applicable:		2 [[]
(Mailing address MAY BE A POST OFFICE BOX)		, 0
		-
		-
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:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	imer i tortua street aaaress	
	, Florida	·····
	Car Zan C	oae

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 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>	Address	Type of Action
			□Add
		.	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			DChange
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 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 specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)			
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Dated		date, but not an effective time, at 12.01 a.m. on the earlier or. (b) The 500	ii day aitei tiie
Dated			
	Dated JANUARY 22	2024	
Signature of a member or authorized representative of a member	Dated		
Signature of a member or authorized representative of a member			
		ignature of a member or authorized representative of a member	
CLAUDIO ZAMBURRU Typed or printed name of signee	CLAUDIO ZAMBURRU		

. . .

Filing Fee: \$25.00