

2023, 21:05

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : USA GESTIONES, LLC
Account Number : I20230000016
Phone : (305)965-6948
Fax Number : (305)508-6375

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPIRIT OF ADVENTURE USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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COMMERCIAL
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T. LEMIEUX
MAY 10 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPIRIT OF ADVENTURE USA, 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 05/04/2023 and assigned
Florida document number 123000222328.

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:

1501 S Ocean Dr APT 1103

(Principal office address MUST BE A STREET ADDRESS)

Hollywood, FL 33019, USA

Enter new mailing address, if applicable:

1501 S Ocean Dr APT 1103

(Mailing address MAY BE A POST OFFICE BOX)

Hollywood, FL 33019, USA

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:

RISHI RAUL, RAMRAJ

New Registered Office Address:

1501 S Ocean Dr APT 1103

Enter Florida street address

Hollywood

City

Florida

33019

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

MGR = Manager
AMBR = Authorized Member

[illegible]

