

11/25/24, 2:13 PM

Division of Corporations

L23 000311889

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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2nd Request

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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
FEEL COLOMBIA TOURISM EXPERIENCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

M. SOLOMON

NOV 26 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEEL COLOMBIA TOURISM 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 06/29/2023 and assigned Florida document number L23000311889.

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:

(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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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>
AMBR	JUAN E FRANCO OROZCO	CARRERA 53 #25-32	<input type="checkbox"/> Add
		BELLO, ANTIOQUIA	<input checked="" type="checkbox"/> Remove
		05105-4 COLOMBIA	<input type="checkbox"/> Change
AMBR	MARIA C JARAMILLO GOMEZ	CALLE 5 SUR #22-290	<input type="checkbox"/> Add
		MEDELLIN, ANTIOQUIA	<input checked="" type="checkbox"/> Remove
		05002-1 COLOMBIA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE OF FLORIDA

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Dated 11.22.2024

Signature of a member or authorized representative of a member

JUANITA MESA

Typed or printed name of signee

Filing Fee: \$25.00