

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHAGOD TOUR JAMAICA LIMITED LLC

Certificate of Status	0
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JUN - 6 2023

T. LEMIEUX

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CHAGOD TOUR JAMAICA LIMITED LLC

Enter new principal office address, if applicable: 10890 NW 17 ST

(Principal office address
MUST BE A STREET ADDRESS)

SUITE 108

SWEETWATER, FL 33172

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

10890 NW 17 ST

SUITE 108

SWEETWATER, FL 33172

2. The Florida document number of this limited liability company is: M22000018334

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: 11/21/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CHAGOD TOUR JAMAICA LIMITED LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: CHANGE OF ADDRESS

New Registered Office Address: 11831 SW 13TH ST APT 8

Enter Florida Street Address

MIAMI

City

Florida 33175

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

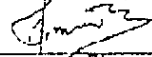
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Guillermo M Torres Ochoa	11861 SW 18TH ST APT 6	<input type="checkbox"/> Add
		MIAMI, FL 33175	<input checked="" type="checkbox"/> Remove
MGR	Guillermo M Torres Ochoa	11831 SW 18TH ST APT 8	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.





Signature of the authorized representative

Guillermo M Torres Ochoa

Typed or printed name of signer