

8/13/24, 3:15 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

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

Email Address: \_\_\_\_\_

2024 AUG 13 AM 11:03

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VIVENDI TICKETING U.S. LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

RECEIVED  
AUG 13 PM 1:04  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

T. LEMZUX  
AUG 14 2024

DocuSign Envelope ID: ABEB6929-389C-4724-AFE4-EF195AAB53CC

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: Vivendi Ticketing US LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is, M22000018856

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12-19-2022

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

5. New name of the limited liability company: See Tickets USA 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:

New Registered Office Address:

Enter 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 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

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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>           |
|-----------------------|-------------|----------------|---------------------------------|
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove |
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove |
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
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| _____                 | _____       | _____          | <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.

Joe Salem

20240813131934

Signature of the authorized representative

JOE SALEM, MEMBER

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "VIVENDI TICKETING  
U.S. LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME  
TO "SEE TICKETS USA LLC" ON THE ELEVENTH DAY OF JUNE, A.D. 2024,  
AT 12:26 O'CLOCK P.M.

  
Jeffrey W. Bullock, Secretary of State

5610265 8320  
SR# 20243385170

Authentication: 204137562  
Date: 08-12-24

You may verify this certificate online at: [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)