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08/21/17--01024--029 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: World Fin	Name of Limit	ed Liability Company	
The enclosed Articles of Amendment	and fee(s) are subm	nitted for filing.	
Please return all correspondence conc	erning this matter to	o the following:	
	Elvi	S AmoC Name of Person	
		Name of Person Nest Property LLC Firm/Company	<u>. </u>
	PO Box 6	9432 5 Address	
		L 33269 City/State and Zip Code	
	H-mail address: (to	ton perty & Gwa	ification)
For further information concerning th	is matter, please cal	l:	
Elvis Amol Name of Person		at (<u>954</u>) <u>366</u> Area Code Daytii	ne Telephone Number
Enclosed is a check for the following	amount:		
\$25.00 Filing Fee \$30.00 Centi	Filing Fee & ficate 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World Finest Pc	OPERTY LLC by as it now appears on our records.)
(A Florida Limited L	iability Company)
he Articles of Organization for this Limited Liability Company	were filed on $3 3 2015$ and assigned
orida document number <u>LISOOOH6350</u> .	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabi	lity company here:
World's Finest Property	11.6
ne new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "LLC."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	PO Box 694325
Mailing address MAY BE A POST OFFICE BOX)	PO Box 694325 Minmi, FL 33269
. If amending the registered agent and/or registered of	fice address on our records, enter the name of th
egistered agent and/or the new registered office address here	:
Name of New Registered Agent:	
New Registered Office Address:	The state of the s
	Enter Florida street address
	, Florida
	City Sip Code
ew 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>	Address	Type of Action
<u> AMBR</u>	Michael Greene	4501 w Mcnab Rd AP+10 Pompino Boh, FL 33069	🗹 Add
			Remove
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			Remove
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 e: If the date inserted in this block does not meet the applicable statutory filing require	0 days after filing.) Pursuan ments, this date will not	it to 605.0 be listed
ument's effective date on the Department of State's records.	,	
record specifies a delayed effective date, but not an effective time, at he 90th day after the record is filed.	: 12:01 a.m. on the	earlier
ed August 2017.		
5		
Signature of a member or authorized representative of a mem	her	

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Filing Fee: \$25.00