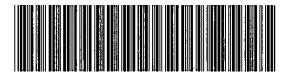
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## **COVER LETTER**

SUBJECT: WORLD CLASS TRADERS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Dennelos Jarvis Name of Person
WORLD CLASS CARRIERS LLC
104 Milford PL, APT 3
New Smyrna Beach, FL 32/68 City State and Zip Code
Original Jeals & Yahoo. Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Deane Jos Jarvis  Name of Person  Area Code  Daytime Telephone Number
Halle of Facility
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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

TO:

Registration Section Division of Corporations

> 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 CLASS TRADERS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited L	lability Company)			
The Articles of Organization for this Limited Liability Company Florida document number \(\text{L\15000\1354\13}\).	were filed on $08/07$	7/2015	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liable WORLD CLASS CARRIERS LLC The new name must be distinguishable and contain the words "Limited Liability"		n "LLC" or the abl	previation "L.L.	C.**
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	104 Milford [ New Smytha Florida, 3216			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of		ecords, enter	the name of	the new
registered agent and/or the new registered office address here  Name of New Registered Agent:			DIVISION OF	16 OC -
New Registered Office Address	Enter Florida stree	address Florida	Zip Code	A D
New Registered Agent's Signature, if changing Registered Agent:	City	, FIOTICEI	ZIp Code	9: 02
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut rovided for in Chapter	ies, and I am fa 605, F.S. Or, i	amiliar with if this docum	and nent is

## 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		
Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary.)		
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	605.0207 (3)(b) listed as the	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b) The 90th day after the record is filed.	irlier of:	
Dated <u>September 29th</u> , 2016.		
Signature of a member or authorized representative of a member	_	
DEANELOS JARVIS		
L) EANELUS JAMVIIS  Typed or printed name of signee	-	

Page 3 of 3 Filing Fee: \$25.00