L22000145110

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration So			
WORLD L	ACED LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JASON RENTERIA		
		Name of Person	
	WORLD LACED LLC		
		Firm/Company	<u>. </u>
	5500 N FLAGER DR APT	T-4	
		Address	
	WEST PALM BEACH, F	L 33407	
		City/State and Zip Code	
	CLMULTISERVICET@GR		
		to be used for future annual	report notification)
	oncerning this matter, please c	aii:	
JASON RENTERIA		561 59 at ()	8-9774 Daytime Telephone Number
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	Certificate of Status &
Mailing Addres		Street A	
Registration bivision of C		~	ration Section on of Corporations
P.O. Box 632			entre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

WORLD LACED LLC

company has been notified in writing of this change.

2022 MAY 31 AM 11: 44

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{03/24/2022}{2}$ _____ and assigned Florida document number L22000145110 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) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida City 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

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
MGR	JASON RENTERIA	5500 N FLAGER DR APT 4	
		WEST PALM BEACH, FL 33407	□Remove
			≡ Change
			□Add
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te: If the date inserted in this block do	es not meet the applicable state	filing or more than 90 days itory filling requirements	this date will not be listed:
rument's effective date on the Departn	nent of State's records.		
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WEST DALM REACH	05/17/2022		
ed WEST PALM BEACH			
	aure of a member or authorized repr	\ \	

Typed or printed name of signee