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2011 MAR 29 AND 34
SECRETARY OF STATE
AND ANASSEE, FLORIDA

T. CLINE
MAR SO ONE
EXAMINATER

COVER LETTER

TO:

то:	Registration S Division of Co		
SUBJE	CCT:	LD FLORIDA L.L.C.	
30 3 32		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.
Please	return all correspo	ondence concerning this matte	r to the following:
JORGE O. PURICELLI			
			Name of Person
			Firm/Company
13915 SW 163RD STREET			
			Address
		<u> </u>	MIAMI, FL 33177-1925
			City/State and Zip Code
For fur	ther information of	E-mail address: (concerning this matter, please of	call:
	JORG	E O. PURICELLI	at (954) 720-0126 Area Code & Daytime Telephone Number
	Name o	of Person	Area Code & Daytime Telephone Number
Enclose	ed is a check for t	he following amount:	
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo		ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

ONE WORLD F						
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appea Liability Company)	rs on our record	<u>ls.</u>)			
The Articles of Organization for this Limited Liability Company	were filed on	12/06/200	06	and ass	and assigned	
Florida document numberL06000116930						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company he	re:				
ONE WORLD FLORIDA	ENTERPRISES	S L.L.C.				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designa	tion "LLC	" or the a	bbreviation	
Enter new principal offices address, if applicable:	13915 SW 10	63RD STREE	ET 📆			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33	3177-1925	SECRI SECRI		45 State of the Land	
Enter new mailing address, if applicable:	8441 W. COI	MMERCIAL F	HASSET O	AR 29 /	ments.	
(Mailing address MAY BE A POST OFFICE BOX)	TAMARAC, I		200	- 13E		
(Muning address MAT BL A FOST OFFICE BOA)			DRICE DRICE	ကြီ ယ *		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>е</u> : Ен	our records, <u>e</u> nter Florida stre , Flori	et address	·		
	City		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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member Title Address **Type of Action** Name ☐ Add Remove Remove ☐ Add ☐ Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Jorge O. Puricelli

Typed or printed name of signee