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COVER LETTER

TO:	Registration Section
	Division of Corneration

Division of Corporations

SUBJECT: 1966, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIO JIRON, CPA

Name of Person

JIRON & COMPANY, CPA, PA

Firm/Company

5200 SW 8th STREET, #120

Address

CORAL GABLES, FL 33134

City/State and Zip Code

JULIO@JULIOCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO JIRON

ູ, 305 ,44**3-0188**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■\$30.00 Filing Fee & Certificate 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

	1966, LLC	10 to 11
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears or da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	y Company were filed on 09/25/	2008 and assigned
Florida document number L08000091244		
		2
This amendment is submitted to amend the following	:	Part of the second
A. If amending name, enter the new name of the l	imited liability company here:	
FIRE WOR	LDWIDE, LLC	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	gistered office address on our	records, enter the name of the new
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter i	Florida street address
		. Florida
_	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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			_	
			Add	
			Remove	
			_	
			Add	
			Remove	
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. If amending any other informatio	n, enter change(s) here: (Attach additional sheets	s, if necessary.)
	,	
		<u>.</u>
MARCH 14TH	2013	
	JORIE -	
Signat	ure of a member or authorized representative of a mem	ber
	EDUARDO A. DEL RIVERO	
	Typed or printed name of signee	

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Filing Fee: \$25.00