# 120000245241

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Cı	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	

Office Use Only



700368281617

06/29/21--01026--022 \*\*90.00

νευληλδάξε*ι τ*ευ.

2021 JUN 29 PM 1:00

## **CORPORATE** ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

3.

5.

6.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### **WALK IN**

	CERTIFIED COPY	
XX	РНОТОСОРУ	
XX	CUS	
XX	FILING	LLC AMEND
-	1 WORLD VENDOR (CORPORATE NAME AND DOCU	
-	(CORPORATE NAME AND DOCU	JMENT #)
-	(CORPORATE NAME AND DOCU	IMENT #)
-	(CORPORATE NAME AND DOCU	MENT #)
_	(CORPORATE NAME AND DOCU	MENT #)
-		

### **COVER LETTER**

Registration Section

TO:

Division of Co	rporations		
SUBJECT: 1 WORL	LD VENDOR CONSUL	TANTS LLC	
SUBJECT:		nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vigdis Ortiz		
		Name of Person	
	1 WORLD VENDOR	R CONSULTANTS LLC	
	-	Firm/Company	
	11728 SW 241 Stre	et	
		Address	
	Homestead, Florida		
	udrovol@amail.aam	City/State and Zip Code	
	vdroyal@gmail.com E-mail address: (	to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
Vigdis Ortiz		at ( <u>929</u> ) 329-629	3
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	✓ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	oe Street. Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### 

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:

City

\_\_\_\_\_, Florida \_\_\_\_\_

Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

Enter new principal offices address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter new mailing address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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.

Enter Florida street address

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>	Name	Address	Type of Action
AMBR	Jerry Cancel II	11728 SW 241 Street	ZAdd
		Homestead, Florida 33032	□Remove
			☐ Change
			□Add
			□Remove
		<del></del>	□Change
			□Adđ
			□Remove
		<del></del>	☐ Change
			□Add
			□Remove
			□Change
	-		🗆 Add
			□Remove
			□Change
			🖸 Add
			□Remove
			□Change

	<del></del>
lf an ei	ive date, if other than the date of filing: (optional) fective 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 605.020  If the date inserted in this block days not most the applicable statutors (Cling applicable and the confidence of the date of the providence of the date o
docur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is f	led.
	June 28, 2021
Dated	- June 20, 2021
	/s/Vigdis Ortiz Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00