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7/15/21

COVER LETTER

Division of Corpora	tions		
SUBJECT: 1 WC	ORLD TRADINA Name of Limited	(<u>) SA</u> LL (Liability Company	
The enclosed Articles of Amer	ndment and fee(s) are submit	ted for filing.	
Please return all corresponden	ce concerning this matter to	the following:	
_	Sahar	Bakhsh Name of Person	
_	1 world	Trading U	SALLC
_	6666	Saltaire T	crace
_	Margate	FL 336	43
-	E-mail address: (to b	e used for future annual Jeport	notification)
For further information concer	ming this matter, please call:		
Sakar B Name of Person	akhsh	at (954) 82 Area Code Da	21_1630 sytime Telephone Number
Enclosed is a check for the fol	lowing 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)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 WORLD TRA	Company as it now appears on our records.) imited Liability Company)	
(A Florida Li	imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on _ () 6 _ () 7_ 2	_ <u>C2 </u> and assigned
Florida document number <u>L21000263</u> 5		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u></u>	
		F.
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		ان ا
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the	name of the new registere
agent and/or the new registered office address nere:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	ı
	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 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.

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
AMBR	SAHAR BAKHSH	6666 Saltaire Terrac	<u>e</u> □Add
		6666 Saltaire Terrac Margate FL33063	🗆 Remove
			Change
			□Add
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r effective o te: If the	date is listed, the date inserted	in this block do	ecific and cannot be process not meet the app	dicable statutory	or more than 90 filing requires	(optional)) days after filing.) nents, this date v	Pursuant to 605.020 will not be listed a
rument's e	ffective date	on the Departn	nent of State's recor	ds.			
cord speci s filed.	ifies a delaye	d effective date	, but not an effective	e time, at 12:01 a	i.m. on the ear	lier of: (b) The	90th day after the
ed	Une	14th	202				, , , , , , , , , , , , , , , , , , ,
_		Signat	ture of a member or au	thorized represent	ative of a memb	ост	
			_	Sakh Sh inted name of sign			