

L06000094028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

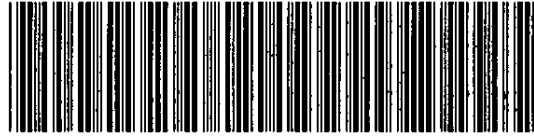
Special Instructions to Filing Officer:

A. LUNT

JUL 29 2008

EXAMINER

Office Use Only



900133452119

07/28/08--01022--015 \*\*25.00

FILED  
2008 JUL 28 P 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: World Intercontinental Solution 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:

Hassan Elhayek  
(Name of Person)

World International Solution LLC  
(Firm/Company)

440 Fontana Circle suite # 200  
(Address)

Oviedo, FL 32765  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUL 28 P 3:34

FILED

For further information concerning this matter, please call:

Hassan Elhayek at 786 663-9716  
(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**

World Intercontinental Solution LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/26/2006 and assigned Florida document number L06000094028

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 end with 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)**

440 FONTANACIRCLE  
Suite # 208  
Oviedo, FL 32765

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

440 FONTANACIRCLE  
Suite # 208  
Oviedo, FL 32765

**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:**

Name of New Registered Agent:

Hassan Elhayek

New Registered Office Address:

440 FONTANA CIRCLE Suite # 208

(Enter Florida street address)

Oviedo

(City)

Florida

32765

(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Hassan Elhayek	440 Fontana Circle Suite #208 Oviedo, FL 32765	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please add tax ID Number on  
File.

Dated ~~07/24/08~~<sup>07/24</sup>, 2008.



Signature of a member or authorized representative of a member

Hassan Elhayek Director

Typed or printed name of signee

2008 JUL 28 P 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED