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EXAMINER



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SECRETARY OF CORPORATION OF COMPOSITION OF CORPORATION OF COMPOSITION OF COMPOSIT

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: TV	NORLD FUND (Name of Limi	LLC ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	·
	HERNAN	DO TABOADA (Name of Person)	
	T WORL	-D FUND LLC (Firm/Company)	
	<u>430 GRA</u>	ND BAY DR. # 407	}
	KEY BISC.	AYNE, FL 33149 (City/State and Zip Code)	
For further information co	ncerning this matter, please ca	all:	
HERNANDO (Name of		at (<u>305) 609 99 8</u> (Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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



T WORLD FUND 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 <u>JANUARY 23, 2007</u> and assigned Florida document number <u>L0700008498</u>.

This amendment is submitted to amend the following:

A.	If amending	name, enter	the new	name of the	limited liability	v company	here:
.	ii amenume	. Hamit, Ciitoi		manic or the	minica navmic	COMPANY	HCIC.

The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	ed Liability Company,	" the designation "	'LLC" or the abbreviatio	
Enter new principal offices address, if applica	able:	430 Gr	PAND BAY	DR. #407	
Principal office address MUST BE A STREET ADDRESS)		KEY BISCAYNE, FL 33149			
Enter new mailing address, if applicable:		_ 430 GR	AND BAY	DR. #407	
(Mailing address MAY BE A POST OFFICE BOX)		KEY BIS	SCAYNE, F	L 33149	
		· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/oregistered agent and/or the new registered of			records, enter	the name of the new	
Name of New Registered Agent:	H	ERNANDO	TABOAI)A	
New Registered Office Address:	430 GRAND BAY DR. #407 (Enter Florida street address)				
	KEY BIS	SCAYNE (City)	, Florida	33149 (Zip Code)	
Now Dogistanal Agant's Signature if shanging D	Dagistanad Accounts	, ,,		. • ,	

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>	Name	Address	Type of Action
M <u>GRM</u>	GUSTAVO JIMENEZ	430 GRAND BAY DR. # 407 KEY BISCAYNE, FL 33149	Add Remove
			Add Remove
			Add Remove
		·	Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	,		
Dated Aug	aust 5 , 2008	- 1115A1 —	-
_	Signature of a member o	r authorized representative of a member	
_	HERNAND Typed or	D TABOADA printed name of signee	
	71 · · · ·		

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Filing Fee: \$25.00