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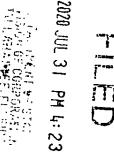
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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Section Division of Corporations						
SUBJE	CT: WOLLD	ACCESS USA	ited Liability Company				
		Name of Limi	ited Liability Company				
The enc	osed Articles of An	nendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspond	ence concerning this matter	to the following:				
		MARIA ISA	SEL CAETANO Name of Person				
		WOLLD ACCE	Firm/Company				
		600 NE 36	STREET # 1506	·			
		MIAMI, FI	OLIDA 33137 City/State and Zip Code				
		ISABEL: WA	to be used for future annual report noti	o M fication)			
For furtl	ner information con	cerning this matter, please ca	all:				
MA	RY ALDR Name of Po	ict	at (<u>760</u>) <u>930 – 7</u> Area Code Daytim	689 e Telephone Number			
Enclose	d is a check for the I	following amount:					
,	.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 Sec	ction	Street Address: Registration Se	ction			
	Division of Cor		Division of Cor	porations			
	P.O. Box 6327		The Centre of T	'allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Zip Code

V	· · · · · · · · · · · · · · · · · · ·		
WOLLD ACCESS USA UNIVERSAL (Name of the Limited Liability Compa (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number (#0.7000839883.)	The second secon		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	MARIA ISABEL (AETANO		
(Principal office address MUST BE A STREET ADDRESS)	600 NE 36TH STREET #1506 MIAMI, FL 33137		
Enter new mailing address, if applicable:	600 NE 36TH STREET # 1506		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33137		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent: MARIA	ISABEL CAFTANO		
New Registered Office Address: 600 №	ISABEL CAFTAND E 36Th STREET # 1506 Enter Florida street address		
	11AM1 Florida 33137		

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.

Circ

If Changing Registered Agent. Signature of New Registered Agent

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
<u>JP</u>	JOSE MIGUEL COSTA	10255 NW 116th WAY STE	<u>B</u> □Add
		MEDLEY, FL 33178	XRemove
RECTOR	JOSE MIGUEL COSTA	10255 NW 116TH WAY 5TE3	□Add
		MEDLEY, FL 33178	
			Change
			□Remove
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record s I is filed	pecifies a delayed	effective date, b	out not an ef	fective time, a	t 12:01 a.m. c	in the earlier	of: (b) The 90	Ith day after the
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		Signatur	e of a membe	er or authorized	representative	of a member		
		Signatur	e of a membe	er or authorized	representative	of a member		