# 10900032154

| (Re                     | questor's Name)    |              |
|-------------------------|--------------------|--------------|
| (Ad                     | dress)             | <del>.</del> |
| (Ad                     | ldress)            |              |
| (Cit                    | ty/State/Zip/Phone | e #)         |
| PICK-UP                 | Mait               | MAIL         |
| (Bu                     | siness Entity Nar  | me)          |
| (Do                     | ocument Number)    |              |
| Certified Copies        | _ Certificates     | s of Status  |
| Special Instructions to | Filing Officer:    |              |
|                         |                    |              |
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATION

N COOPER AUG 21 2018

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |   |
|--|---|---|---|
| SUBJECT: MIDE                          | CENT WORLD, LL<br>Name of Lin                   | C   |   |
|  | ranc or bin                                     | nea Embinity Company  |   |
|  | Amendment and fee(s) are sub                    |   |   |
|  | Mzk   | 14 B. ROJAI   |   |
|  | - · · · · · · · · · · · · · · · · · · ·         | 1A B ROSAS  Name of Person  | A-78-87-8-  |
|  | KILD  | CENT WORLD LLC  |   |
|  |   | Firm/Company  |   |
|  | 1123  | 1 XW 20 STAEET, UI  | VIT 140   |
|  |   | Address   |   |
|  |   | Oly/State and Zip Code  | 2   |
|  |   |   |   |
|  | mb Re   | to be used for future annual report notifi                          | cation  |
|  | E-man audress. (                                | to be used for forme annual report nothi                            | catton)   |
| For further information of             | oncerning this matter, please ca                | all:  |   |
| <i>N</i>                               | 1ARIA B. ROJAS                                  | at ( <u>786</u> ) <u>348 - 5</u><br>Area Code Daytime               | 1508  |
| Name of                                | f Person  | Area Code Daytime   | Telephone Number  |
| Enclosed is a check for th             | ne following amount:                            |   |   |
| \$25,00 Filing Fee                     | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  |                                   |                         |                |                      |
|--|--|-----------------------------------|-------------------------|----------------|----------------------|
| (Name of the Limited Liability<br>(A Florida   | Company as it now<br>Limited Liability Cor   | v appears on our r<br>mpany)      | ecords.)                |                |                      |
| The Articles of Organization for this Limited Liability Co<br>Florida document number <u>L 0900032154</u>  | ompany were filed  | Ion APRIL                         | 2. 2009                 | _ and assign   | ıed                  |
| This amendment is submitted to amend the following:  |  |                                   |                         |                |                      |
| A. If amending name, enter the new name of the limit   | ed liability comp  | pany here:                        |                         |                |                      |
| The new name must be distinguishable and contain the words "Limit  | ted Liability Company  | y," the designation               | "LLC" or the abbrev     | viation "L.L.C |                      |
| Enter new principal offices address, if applicable:  |  |                                   |                         |                | 9                    |
| (Principal office address MUST BE A STREET ADDRI   | ESS)   |                                   |                         |                | 1510<br>1035<br>1035 |
|  |  |                                   |                         | <u> </u>       | : 2년<br>- 2년 ~       |
|  |  |                                   |                         | 16             | 75.4<br>7.67         |
| Enter new mailing address, if applicable:  |  |                                   |                         | 곡              | 걸유다                  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                   |                         | <u> </u>       | 第5:<br> <br>  本立     |
| The state of the s |  |                                   |                         | 19             | HOH                  |
| B. If amending the registered agent and/or registered agent and/or the new registered office addresses   |  | ress on our re                    | cords, <u>enter the</u> | e name of      | the nev              |
| Name of New Registered Agent:  |  |                                   | <del></del> -           |                |                      |
| New Registered Office Address:   |  |                                   |                         |                |                      |
|  | E  | nter Florida str <del>eet</del> o | nddress                 |                |                      |
| ·  | s submitted to amend the following:  name, enter the new name of the limited liability company here:  be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation pal offices address, if applicable:  address MUST BE A STREET ADDRESS)  be gaddress, if applicable:  MAY BE A POST OFFICE BOX1  If the registered agent and/or registered office address on our records, enter the name and/or the new registered office address here:  New Registered Agent:  225 Enter Florida street address  Enter Florida |                                   |                         |                |                      |
|  | City   |                                   |                         | Zip Code       |                      |
| New Registered Agent's Signature if changing Registered  | Agent:   |                                   |                         |                |                      |

#### 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 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> | Name             | <u>Address</u>       | Type of Action |
|--------------|------------------|----------------------|----------------|
| MGRM         | GLORIA M. AYALA  | 13020 NW 9 LZNE      | Add            |
|              |                  | MIZMI, FLORIDA 33182 | ✓ Remove       |
|              |                  |                      | Change         |
| MGRM         | MARIA B. ROJAS   | 13020 NW 9 LAKE      | 🗆 Add          |
|              |                  | MIZMI, FLORIDA 33182 | Z Remove       |
|              |                  |                      | Change         |
| MGRM         | VICENTE A. ROJAS | 13020 NW 9 LZKE      | Add            |
|              |                  | MIRMI, FLORIDA 33182 | Remove         |
|              |                  |                      | Change         |
|              |                  |                      | □ Add          |
|              |                  |                      | Remove         |
|              |                  | <del></del>          | Change         |
|              |                  |                      |                |
|              |                  |                      | Remove         |
|              |                  |                      | Change         |
|              |                  |                      | D Add          |
|              |                  |                      | Remove         |
|              |                  |                      | Change         |

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|              |   | <del></del>                          |                                |  |                   |                 | AH 8:                |
|              |   |                                      |                                |  |                   | · <del></del> - |                      |
|              |   |                                      |                                |  |                   |                 | •                    |
| te: If the c | te, if other than the<br>ate is listed, the date mu<br>date inserted in this bi<br>ffective date on the D | si de specific an<br>lock does not i | d cannot be pr<br>meet the app | ior to date of this<br>licable statutor            | ng or more inan 😕 |                 | .) Pursuant to 605,0 |
|              | pecifies a delayed<br>day after the rec   |                                      |                                | not an effec                                       | tive time, at     | 12:01 a.m.      | on the earlier       |
| ted          | AUGUS   | 7 14                                 | 2018                           | <u></u> .  |                   |                 |                      |
|              |   | سعر ع                                | <del></del>                    |  |                   |                 |                      |

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Filing Fee: \$25.00