109000079872

(Requestor's Name)				
(Address)				
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(133.555)				
(C) - (C) - 17! (C)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Boodifferre Namber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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DIVISION OF CORPORATIONS

5. Todack MAR 1 9 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW V		LIMITED LIABILITY (ited Liability Company	COMPANY
		,,,,,,,,	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
		GT Wilson	
		Name of Person	···-
	NEW WORLD TRU	JSTEE LIMITED LIABILIT	Y COMPANY
		Firm/Company	
	620	7 N. 40th St - Suite 100	
	020	Address	
		Tampa, FL 33610 City/State and Zip Code	<u></u>
	G ¹		
	E-mail address: (t	T.Wilson@yahoo.com to be used for future annual report not	ification)
For further information co	ncerning this matter, please c	all:	
_			
Sunnie Finkle Name of Person		at (813)	596-9449 ne Telephone Number
Name of	CISOII	Alea Code & Daylii	ne 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 enclose	\$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



March 8, 2010

GT WILSON 6207 N. 40TH ST. SUITE 100 TAMPA, FL 33610

SUBJECT: NEW WORLD TRUSTEE LIMITED LIABILITY COMPANY

Ref. Number: L09000079872

We have received your document for NEW WORLD TRUSTEE LIMITED LIABILITY COMPANY and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 610A00005719

Agnes Lunt
Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Title** <u>Name</u> **Address** Type of Action MGR PACK, ZACK PO Box 872 ☐ Add Zephyrhills, FL 33539 ✓ Remove Komodo Ltd Co. MGR 5729 19TH ST, SUITE 100 ✓ Add ZEPHYRHILLS FL 33542 Remove ☐ Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 3rd Dated ____ Signature of a member or authorized representative of a member GT Wilson MGRM - Komodo Ltd Co. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00