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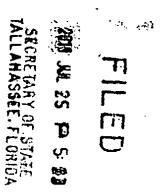
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## **COVER LETTER**

TO: Registration Section "Division of Corporations
SUBJECT: World Wide Vacations 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:
Shannon Paladino Name of Person World Wide Vacations LLC
Firm/Company 489 State Road 436 Suite 115 Address
Casselberry FL 32707  City/State and Zip Code  Shannon paladino agmail-com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shannon Paladino at (321) 972-8703  Name of Person at (321) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Same Solution Specificate of Status Solution Specificate of Status Specificate of S

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 Wide V	acations LLC	FILED	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	7. 41 Ns	
The Articles of Organization for this Limited Liability Company Florida document number L10000 84570.	• •	SECRETARY WE SSIRRED ALLAHASSEE. FEORIDA	
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 Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	489 State	Road 436	
(Principal office address MUST BE A STREET ADDRESS)	Casselberry	FL 32707	
Enter new mailing address, if applicable:	489 State	2 Road 436	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 115 Casselberri	J FL 32707	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		rds, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	FloridaZip Code	
New Registered Agent's Signature, if changing Registered Agent:	City	zsp Code	
I hereby accept the appointment as registered agent and agrounce of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 602	and I am familiar with and 5, F.S. Or, if this document is	
If Char	nging Registered Agent, Signatur	re of New Registered Agent	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carol Kirschenbaum	228 Spring Run Cir	Add
		Longwood FL 32770	<b>≱</b> GRemove
			Change
MGR	Michael Kirschenbaur	n 153 Wisteria Dr	
		Longwood FL 32779	□ Remove
		· · · · · · · · · · · · · · · · · · ·	<b>\varpsi</b> Change
MGR	Jonathan Stewart	603 Timberwilde Ct	
		Winter Springs FL3270	8 □ Remove
			<b>☆</b> Change
			□ Add
			Remove
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(If an effe <u>Note:</u> I	re date, if other than the date of filing: 7.22.19 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated (	July 22 . 2019 .  Signature of a member or authorized representative of a member
	Shannon Paladinu Typed or printed name of signce

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Filing Fee: \$25.00