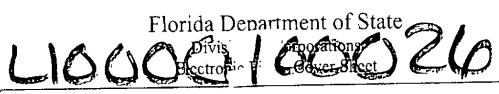
Division of Corporations



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To:

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From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736 Fax Number : (305)646-1527

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:						
	Address:	Address:	Address:	Address:	Address:	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUSINESS WORLD TRANSACTIONS, LLC

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T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	S WORLD TRANS				
(Name of the Limited Liab) (A Fion	ility Company as it ida Limited Liability	now appears on our Company)	records.)		_
The Articles of Organization for this Limited Liability Florida document number L10000100026	Company were f	led on <u>09/23/2010</u>)	and	assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability co	mpany here:			
The new name must be distinguishable and contain the words "Li	imited Liability Com	pany," the designatio	n "LLC" or the	abbreviatior	ı "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	DRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here		s on our records,	enter the na	me of the	new registere
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida stree	t address	6/2	
			, Florida _	W. E.	2022
New Registered Agent's Signature, if changing Register		•			ode US -
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete perfoi l'agcnt as provid ered office addre	rmance of my dui ed for in Chapter	ties, and I an r 605, F.S. O	n familiar Traif this q	Soument is

_____ □Remove

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
MGR	JORGE G. ROMERO	6800 SW 40 STREET	= Add
		MIAMI, FL. 33155	□Remove
			☐ Change
			DAdd
			Remove
			□Add
			□Remove
			□ Change
			□Add
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			☐ Change

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fective date, if other than the oneffective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	ck does not meet the appl	icable statutory filing re	(optional) than 90 days after filing.) Purequirements, this date will	rsuant to 605.0201 I not be listed as
ecord specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	Ith day after the
ted	, 2022			
		•		
		thorized representative of		