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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JFS CONSULTING SERVICES LLC

Account Number : I20220000092

Phone : (786)440-5553 Fax Number : (786)279-5272

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

Email 1	Address:			
cmali	Auuress.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNCO WORLD TRAVEL ASSIST LLC

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COVER LETTER

TO: Re	aletantian Ca	-tio-			112
	egistration Servision of Corp	RAVEL ASSIST LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Jorge Schneider Name of Person JFS Consulting Services Firm/Company 2627 NE 203rd Ste 218 Address Aventura. FL 33180 City/State and Zip Code Pschneider@jfsbizup.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 1786 Area Code Daytime Telephone Number the following amount: S 30.00 Filing Fee & S 555.00 Filing Fee & S 60.00 Filing Fee.			
CUDIECT	WORLD TI	RAVEL ASSIST LLC			
SUBJECT	•	Name of Lim	ited Liability Company		
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Jorge Schneider			
			Name of Person		
		JFS Consulting Services			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		, ,
		2627 NE 203rd Ste 218			
			Address		
		Aventura, FL 33180			
			City/State and Zip Code		
		= '	to be used for future annual ren	ort notification)	
For further	information co		•		
Jorge Schn	eid e r				
	Name of	Person	Area Code	Daytime Telephoi	ne Number
Enclosed is	a check for th	e following amount:			
≘ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2416 M. M. Camp. Calle 910

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD TRAVEL ASSIST LLC	ny as it now annears on our record	5.)		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	4. /		
The Articles of Organization for this Limited Liability Company Florida document number L11000123482	were filed on	and assigned		
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 "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1571 Sawgrass Corporate Pkw	у		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 100			
	SUNRISE, FL 33323			
Enter new mailing address, if applicable:	1571 Sawgrass Corporate Pkw	y		
(Mailing address MAY BE A POST OFFICE BOX)	SUNRISE, FL 33323			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	.(
Name of New Registered Agent:		မှ		
New Registered Office Address:	Enter Florida street addres	77		
	Enter Cional sireet adares	o.		
		orida Zip Code		
	Cin	глр Соав		

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 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
	**************************************		□Add
			C)Change
			□Add
			□Remove
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		Wilson				
Effective date, if other that fan effective date is listed, the da Note: If the date inserted in the decument's effective date on	ite must be specific an this block does not	id cannot be prior to meet the applical	o date of filing or more ble statutory filing re	(option than 90 days after fil equirements, this d	ing.) Pursuant to 605.02	207 as t
e record specifies a delayed eled is filed.	Tective date, but no	ot an effective tin	ie, at 12:01 a.m. on t	the earlier of: (b)	The 90th day after the	he
		2023				
Mav 11						
Dated May 11	<u></u>	. •	 '			
Dated May 11	Signature of a	member or author	ized representative of	a member	<u> </u>	

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Filing Fee: \$25.00