112000052903

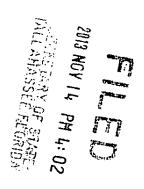
(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	-
(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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MOV 1 5 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2013

LUIS URRIBARRI 1935 MEADOW POND WAY ORLANDO, FL 32824

SUBJECT: WORLD BUSINESS SOLUTIONS LLC

Ref. Number: L12000052903

We have received your document for WORLD BUSINESS SOLUTIONS LLC 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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 713A00024424

COVER LETTER

	ration Section on of Corporations			
SUBJECT:	World Business Solutions LLC			
SCHOLET.	Name of Limited Liability Company			
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.			
Please return all	correspondence concerning this matter to the following:			
	Luis Urribarri			
	Name of Person			
	MGM			
	Firm/Company			
	1935 Meadow Pond Way			
	Address	T.	22	
	Orlando FL 32824		1 I AON 8182	*****
	City/State and Zip Code	ر ماهید در در در این مسایر روی	=	Trans.
	info@worldbusinessolutions.com	HASS.	ŧ	i i
	E-mail address: (to be used for future annual report notification)	77.0	PH	
For further infor	rmation concerning this matter, please call:	0.5	÷	1
Luis Ur	ribarri 407,729-4306		կ։ 02	-
	Name of Person Area Code & Daytime 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 enclosed)

□\$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

ARTICLES OF AMENDMENT • TO ' ARTICLES OF ORGANIZATION OF .

World Business	Solutions LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	04/18/2012	and assigned
Florida document number L12000052903			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liah</u>	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compar	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	1935 Meadov	w Pond Way	
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL 3	2824	Ann: g
Enter new mailing address, if applicable:	1935 Meadov	v Pond Way	AHASS
(Mailing address MAY BE A POST OFFICE BOX)	Orlando FL 3	2824	TO TO
			5 5 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>ente</u>	r the name of the new
Name of New Registered Agent:		······································	
New Registered Office Address:			
	Ent	er Florida street a	ddress
	City	, Florida _	Zip Code
	Сиу		zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or \$1anaging Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Cesar Rangel	1213 Pine Ave	_
		Orlando FI 32824	Remove
			Add
			Remove
			Remove
			O Add
			Remove
		Signature Signat	14:02
		·	Add
			Remove
•			Add
			Remove

). If amen	iding any other information, enter change(s) here: [Attach additional sheets, if necessary.]
<u></u>	
	
 ated	October 08 , 2013
	Signature of a member or authorized representative of a member Luis Urribarri
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

