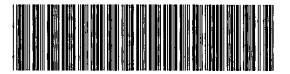
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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October 20, 2015

THOMAS REAVIS 15188 BROLIO WAY NAPLES, FL 34110

SUBJECT: WORLDWIDE CAPITAL STRATEGIES, LLC

Ref. Number: L13000067492

We have received your document for WORLDWIDE CAPITAL STRATEGIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Letter Number: 415A00022138

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: We	orldwyde Capit Name of Limite	tal Strategies, LL ed Liability Company	<u>.</u>
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	TA	Name of Person	
	<u>Noe</u> ,	Name of Person Manual Person State Company State Co	ategies
		188 Brolio Way	
		APLES FL 3 City/State and Zip Code	34/10
	E-mail address: (to	EAVIS Q AOL Do be used for future annual report notific	ation)
For further information con	cerning this matter, please cal	1:	
THOMAS J. Name of P	Reavis erson	at (<u>239</u>) <u>596</u> Area Code Daytime 1	- 8293 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

Worldwine CAR	ital Strategies LLC
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L_1300006149:	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
	•
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address on our records, enter the name of the new dress here:

Name of New Registered Agent:	S
New Registered Office Address:	9
119.11 ENGRISHED OFFICE FEMALES.	Emer Florida street address
	Florida N
- Control of the Cont	City Sm Zipi 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 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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MANAGER	William G. REAVIS		D A d d
		15188 Beclio Way. Naples FL	Remove
			Change
			Add
			☐ Remove
			Change
	-//3		Add
			Remove
			☐ Change
			C Add
			☐ Remove
			☐ Change
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factive data if other than the date of filings	(ontional)
fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to the list of the date inserted in this block does not meet the application.	to date of filing or more than 90 days after filing.) Pursuant to 605.020
cument's effective date on the Department of State's records.	tole statutory rang requirements, this date with not be tisted a
erecord specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier o
ated 11 - 9 - 2015.	
A	

Page 3 of 3

Filing Fee: \$25.00