

L13000098789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP - 4 2013

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CLERK OF COURT
TALLAHASSEE, FLORIDA

2013 AUG 30 AM 10:41

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW WORLD SOLUTIONS
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:

Anthony M. Montville
Name of Person

NEW WORLD SOLUTIONS
Firm/Company

100 GLEN ABBEY LANE
Address

DEBARY, FL. 32713
City/State and Zip Code

NEWWORLD SOLUTIONS NWS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Anthony M. Montville at (386) 748-8821
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

NEW WORLD SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 11, 2013 and assigned Florida document number L13000098789.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

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 Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anthony Montville	100 GLEN ABBEY LN	<input type="checkbox"/> Add
		DEBARY, FL 32713	<input checked="" type="checkbox"/> Remove
MGRM	Anthony Montville	100 GLEN ABBEY LN	<input checked="" type="checkbox"/> Add
		DEBARY, FL 32713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 JUL 30 AM 10:44
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 8/19, 2013.

Signature of a member or authorized representative of a member

Anthony M. Montville

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

When initially Applying FOR LLC on line, I
MADE MISTAKE AND listed myself AS A MANAGER.
THIS IS A CO-OWNED LLC with NO MANAGERS

OWNERS: Anthony M. Montville
Clifford O. Wienk

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 30 AM 10:41

FILED