# #13000115148

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
<b>(</b> Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



02/19/14--01014--011 \*\*30.00

FILED
2014MAR -6 PM 4: 10
SEURETARY OF STATE

Office Use Only

K. SALY EXAMINER MAR - 7 2014





February 20, 2014

SUMMIT WORLDWIDE PRODUCTS LLC CORY MANGO 2187 TRADE CENTER WAY, UNIT 5 NAPLES. FL 34109

SUBJECT: SUMMIT WORLDWIDE PRODUCTS LLC

Ref. Number: L13000115148

We have received your document for SUMMIT WORLDWIDE PRODUCTS 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P92000006898 "WORLDWIDE MANAGEMENT, INC.".

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.

Karen A Saly Regulatory Specialist II

Letter Number: 914A00003854

### **COVER LETTER**

	gistration Se ision of Cor			
CUDIFOT.	Summit \	Worldwide Products LL	С	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Cory Mango		
			Name of Person	<del> </del>
		Worldwide Manager	ment LLC	
			Firm/Company	
		2187 Trade Center N	Way - Unit 5	
			Address	<del></del>
		Naples, Florida 3410	09	
		worldwidemanageme	City/State and Zip Code entgroup@gmail.com	
		E-mail address: (	to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Cory Mar	ngo		239 777-1302 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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

# TQ ARTICLES OF ORGANIZATION OF

Summit	Worldwide	<b>Products</b>	LLC

FILED

2014 MAR -6 PM 4: 10

SEURETARY OF STATE

(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 L13000115148 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Worldwide Management GROUP The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Same Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Same Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida

#### 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

## Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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effective date must be date this doorflent is	e specific, cannot be prior to date of receipt or filed date and cannot be filed by the Florida Department of State)  2/17, 2014  Signature of a mymber or authorized representative	e more than 90 days after

Page 3 of 3

Filing Fee: \$25.00