## 13000137569

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(Cit	ry/State/Zip/Phone	e #)
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## **COVER LETTER**

	Registration Se Division of Cor			
CUD IEZ	Worth Moc	del Management, LLC		
SUBJEC	-1; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Melissa Eaton		
			Name of Person	
		Worth Model Managemen	u, LLC	
			Firm/Company	
		500 S. Australian Avenue,	Suite 600	
			Address	
		West Palm Beach, FL 334	01	
			City/State and Zip Code	
		worthmodelmanagement@	-	
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please co	all:	
Melissa	Eaton		561 818-4072	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne following amount:		
\$25.0	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:

TO;

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

Worth Model Management, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000137569</u>	were filed on September 30, 2013	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 Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	500 S. Australian Avenue, Suite 600	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33401	
Enter new mailing address, if applicable:	500 S. Australian Avenue, Suite 600 West Palm Beach, FL 33401	
(Mailing address MAY BE A POST OFFICE BOX)		,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>ente</u> <u>e</u> :	MAY I
Name of New Registered Agent:		SK W
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zip Code
	Cuy	zıр Соае

## 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 = AMBR =	Manager Authorized Member	
<u>Title</u>	<u>Name</u>	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00