

L14000081885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

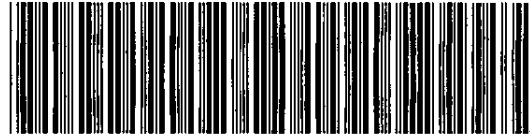
(Business Entity Name)

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DIVISION OF CORPORATIONS
14 JUL 16 PM 3:00

JUL 16 2014
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HTH WORLDWIDE AGENTS, LLC
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:

MICHAEL DUCOTE

Name of Person

Firm/Company

15901 COLLINS AVE., # 4004

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

matiasrampi41@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Ducote at (305) 934-6834
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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEONEL O VEGA	6515 COLLINS AVE # 1002	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
MGR	MICHAEL A. DUCOTE	15901 COLLINS AVE., # 4004	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7-11-2014 _____



Signature of a member or authorized representative of a member

MICHAEL A. DUCOTE

Typed or printed name of signee