C14000171202

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COVER LETTER

Div	ision of Corpo	orations		
SUBJECT:	WORTHW	AYS GROUP INTERI	NATIONAL LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		HUMBERTO A LAZO	0	
			Name of Person	
		WORTHWAYS GRO	OUP INTERNATIONAL LLC	,
			Firm/Company	
		9138 SW 23RD ST (JNIT D	
			Address	
		DAVIE FL 33324		
			City/State and Zip Code	
		FLORIDABCS@LIVE		
For further in	nformation con	E-mail address: (i	to be used for future annual report notifi	.cation)
	RTO LAZO		954 901-7867	
	Name of F	erson	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for the	following amount:		
■ \$25.00 F	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

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

WORTHWAYS GROUP INTERNATIONAL 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 L. Florida document number L14000131202	iability Company	were filed on 08/21/14		and assi	gned	
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company here:				
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation	"LLC" or the	abbreviation "L	.L.C."	
Enter new principal offices address, if applic	able:	N/A				
(Principal office address MUST BE A STREE	T ADDRESS)	N/A				
		N/A				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A				
		N/A N/A				
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of	ffice address on our rec	ords, <u>enter</u>	the name o	of the new	
Name of New Registered Agent:	N/A			14 DEC SECRE	- A surant	
New Registered Office Address:	N/A			TAR ASS	torn orda. Et author	
New Registered Agent's Signature, if changing I	Registered Agent:	Enter Florida street ad City	dress , Florida	COF STATE		

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 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>	Name	Address	Type of Action
MGR	MORAIMA C VIVAS REYE	9138 SW 23RD ST UNID D	= Add
		DAVIE FL 33324	Remove
MGR	ARMANDO J GARCIA CRI	6275 SW 192ND AVE	
		FORT LAUDERDALE FL 33332	■ Remove
AMBR	HUMBERTO A LAZO	9138 SW 23RD ST UNID D	A dd
		DAVIE FL 33324	□ Remove
			□ Add
- 			Remove SECRETARY OF
			RA =
			□ Add □ Remove

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Fective date, if other than the date of filing: the effective date must be specific, cannot be prior to date due this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after f State)
November 26	2014
- total	The same of the sa
Signature of a mer	mber or authorized representative of a member
Ę	
IRAMAR T. GONZALEZ	9

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Filing Fee: \$25.00

SECRETARY OF STATI