

L14000131202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

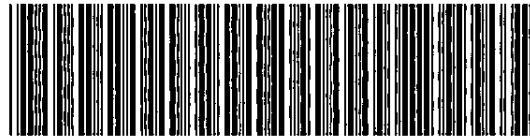
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORTHWAYS GROUP INTERNATIONAL 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:

HUMBERTO A LAZO

Name of Person

WORTHWAYS GROUP INTERNATIONAL LLC

Firm/Company

9138 SW 23RD ST UNIT D

Address

DAVIE FL 33324

City/State and Zip Code

FLORIDABCS@LIVE.COM

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

For further information concerning this matter, please call:

HUMBERTO LAZO

954

901-7867

at ()

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

WORTHWAYS GROUP INTERNATIONAL LLC

Page 1 of 3

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Code
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TALLAHASSEE, FLORIDA

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	MORAIMA C VIVAS REYE	9138 SW 23RD ST UNID D	<input checked="" type="checkbox"/> Add
		DAVIE FL 33324	<input type="checkbox"/> Remove
MGR	ARMANDO J GARCIA CRI	6275 SW 192ND AVE	<input type="checkbox"/> Add
		FORT LAUDERDALE FL 33332	<input checked="" type="checkbox"/> Remove
AMBR	HUMBERTO A LAZO	9138 SW 23RD ST UNID D	<input checked="" type="checkbox"/> Add
		DAVIE FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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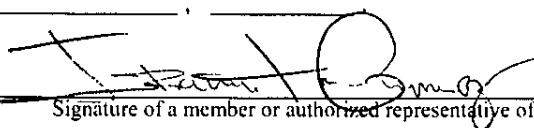
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 November 26, 2014



Signature of a member or authorized representative of a member

IRAMAR T. GONZALEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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