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COVER LETTER

TO:

Registration Section
Division of Corporations

ROYAL PALM POINCIANA LLC

SUBJECT

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:

JESUS CUE

Name of Person

WORLDWIDE BUSINESS SOLUTION CORP

Firm/Company

6915 RED ROAD STE222

Address

CORAL GABLES FL 33143

City/State and Zip Code

JCUE@W-BSC.COM

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

For further information concerning this matter, please call:

JESUS CUE

_{at} 305

803 7777

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL PALM POINCIANA LLC

Florida document number <u>L14000143661</u>

(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 SEPTEMBER 15,2014 and assigned

The new name must be distinguishable and end with the	words "Limited Lial	• • •	-	the abbreviatio	on "L.L.	c."
Enter new principal offices address, if applicable:		1045 MANATI AVE				
(Principal office address MUST BE A STREET ADDRESS)		CORAL GAB	LES, FL 33	314 <u>62 (S.</u>		
•				<u>_</u> 22	\$	
				22	-	and the second of
Enter new mailing address, if applicable:		6915 SW 57		222💥 😤	ယ	F) to 8 Min
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL 33	3143	<u> </u>	2	FT
				<u> </u>	Ö	ig: Welling
				22	-2	
B. If amending the registered agent and			r records, <u>ent</u>	ter the nar	ne of	the new
registered agent and/or the new registered o	nnce address ner	<u>'e</u> :				
Name of New Registered Agent:	WORLDV	VIDE BUSINES	S SOLUTI	ON COF	₹P	
	6915 SW 57 AVE STE 222					
New Registered Office Address:	6915 SW	57 AVE STE 2	22			
New Registered Office Address:	6915 SW	57 AVE STE 2 Enter Florida:				
New Registered Office Address:	6915 SW CORAL G	Enter Florida :	street address	33143		
New Registered Office Address:		Enter Florida :	street address	33143 Zip Co	ode .	
New Registered Office Address: New Registered Agent's Signature, if changing	CORAL G	Enter Florida : SABLES City	street address		ode	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered	CORAL G	Enter Florida: ABLES City see to act in this cap	Florida, Florida	Zip Co	omply	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered provisions of all statutes relative to the prop	CORAL G Registered Agent: ed agent and agr over and complete	Enter Florida: ABLES City see to act in this cap to performance of my	Florida, Florida asity. I further	Zip Co agree to co ım familiar	omply with a	nd
New Registered Agent's Signature, if changing I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as reg	CORAL G Registered Agent: ed agent and agr per and complete istered agent as	Enter Florida: ABLES City Tee to act in this cap performance of my provided for in Cha	reet address , Florida asity. I further daties, and I a	Zip Co agree to co um familiar Or, if this d	omply with a	nd
New Registered Agent's Signature, if changing I hereby accept the appointment as registered provisions of all statutes relative to the prop	CORAL G Registered Agent: ed agent and agr per and complete istered agent as registered office	Enter Florida: ABLES City Tee to act in this cap performance of my provided for in Cha	reet address , Florida asity. I further daties, and I a	Zip Co agree to co um familiar Or, if this d	omply with a	nd
New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the	CORAL G Registered Agent: ed agent and agroer and complete istered agent as registered office change.	Enter Florida: ABLES City Tee to act in this cap performance of my provided for in Cha	Florida Asity. I further daties, and I a other 605, F.S. confirm that the	Zip Co agree to co im familiar Or, if this do I limited lia	omply with a locume bility	nd

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 <u>Address</u> Type of Action MGR MARCELO O FERNANDES 7040 SW 50 TERRACE #110 □ Add **MIAMI FL 33155** Remove 1045 MANATI AVE MGR-**ENRIQUE TABORA** 🖼 Add CORAL GABLES, FL 33146 ☐ Remove JUAN VOGELER 22 WEST 26 ST #2B MGR Add NEW YORK, NY 10010 MGR ALBERTO PERRET GENTIL **URBANIZACION LA FLORETA #210-312** CARACAS 1060, VENEZUELA 7790 SW 114 ST RICARDO LACAU MGR PINECREST, FL 3315管層 ☐ Remove □ Add ☐ Remove

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: (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 OCTOBER 1 // 2014
	Alkrad
	Signature of a member or authorized representative of a member
	MARCELØ/O FERNANDES
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 NOV -3 AM 10: 12
SEGRETARY OF STATE