## 214000174406

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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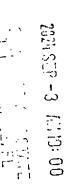
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## **COVER LETTER**

TO: Registration : Division of Co						
	RLD MULTI SERVICES LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	ANTHONY MYERS					
		Name of Person				
	ALL WORLD MULTI SE	ERVICES LLC				
	FirmvCompany					
	741 NW RIVERSIDE DR					
		Address				
	PORT ST LUCIE, FL 349	83				
		City/State and Zip Code				
	ALLWORLDMULTISERV  E-mail address: (	to be used for future annual report notification)				
For further information	concerning this matter, please c	•				
ANTHONY MYERS		561 255-6501 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 & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL WORLD MULTI SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number <u>L14000174406</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RENEE Y MYERS	741 NW RIVERSIDE DR	<b>≣</b> Add
		PORT ST LUCIE, FL 34983	□ Remove
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an effective date is listed, the date must ote: If the date inserted in this blo	t be specific and cannot be prid ock does not meet the appl	or to date of filing or mor icable statutory filing :	e than 90 days after fil	ing.) Pursuant to 605.020
ocument's effective date on the Do	epartment of State's record	S.		
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record specifies a delayed effective is filed.	e date, but not an effective			
is fried.				- 1
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