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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: World Company 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:
Beta Drummond - Worts De Oca Name of Person
Worldwide Trailer LC
19175 N. Dale Makry Huy
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fry L Mort D Con Sr. at (SB) 404-205 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: Second Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Livordinide 1	railer	<u> </u>	<u> </u>	<u> </u>
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appears liability Company)	on our records.); COF =	8 72 1.
The Australia of Occasionation for this Limited E	inhility Company	was filed on 🔿	120/2015	and assigned
The Articles of Organization for this Limited L		were med on O	7 00/00/13	and assigned
Florida document number <u>L 15000</u> ;	39272			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the w	vords "Limited Liabil	ity Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	ahle:			
• • •		-		<u></u>
(Principal office address MUST BE A STREE	<u>I ADDKESS)</u>			
			<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
				
				
B. If amending the registered agent and/or ragent and/or the new registered office addre		ddress on our rec	ords, <u>enter the name</u>	of the new registered
•				
Name of New Registered Agent:				
New Registered Office Address:	19175	D. Dol	e Mobry	Hoy
	Lute	·	Florida <u> </u>	33548
		City		Zip Code

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.

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 Beth Drummond- Monts De Oca	Beth Drummond-	19175 N. Dale Mab	ny this
	19175 N. Dale Mab Lutz, Fl. 33548	□Remove	
			□Change
		□ Add	
			□Remove
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			□Remove
			□Change

D. If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
(If an effect Note: If	e date, if other than the date of filing:
If the record s record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated	Signature of a member or authorized representative of a member
	Beth Drummoud Monts De Oca Typed or printed name of signed