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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JFS CONSULTING SERVICES LLC

Account Number : I20220000092

Phone : (786)440-5553 Fax Number : (786)279-5272

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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COVER LETTER

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CUDIECT	_		LLC T	e e e e e e e e e e e e e e e e e e e
PORTECT	L;	Name of Lim	ited Liability Company	
The enclos				
Please retu	urn all correspo	ndence concerning this matter	to the following:	
		Jorge Schneider		
			Name of Person	
		JFS Consulting Services		
			Firm/Company	
		2627 NE 203rd Ste 218		
			Address	
		Aventura, FL 33180		
			City/State and Zip Code	
		-		
		E-mail address: (to be used for future annual report no	ntification)
For further	r information c	oncerning this matter, please c	all:	
Jorge Sch	neid e r			
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed i	is a check for th	e following amount:		
€ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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	P.O. Box 632		The Centre of	Tallahassee
T	Tallahassee, I	FL 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD TRAVEL ASSIST AMERICA LLC			-	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Liability Company lorida document number	were filed on	and	assigned	
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the al	bbreviation	"L.L.C."	
nter new principal offices address, if applicable:	1571 Sawgrass Corporate Pkwy			
Principal office address MUST BE A STREET ADDRESS)	SUITE 100			
	SUNRISE, FL 33323			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	1571 Sawgrass Corporate Pkwy SUITE 100			
Hulling undress MAT DE ATOST OF TICE BOX	SUNRISE, FL 33323			
New Registered Office Address:		re of the	2023 11 7 1	
	Enter Florida street address	-, <u>-</u>	H.	
	, Florida	÷ ,	<u>ယ</u>	
	City	Zip Co	dgo Cab	

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
			DAdd
			□ Remove
			☐ Change
			Remove
			☐ Change
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Effective date, if other than th If an effective date is listed, the date m	e date of filing:	he prior to date of fili	opt	t ional) er filing) Parsuant to 605 0207 (
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Dated	·	•		
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(moralitias	Signature of a member	or authorized represo	entative of a member	

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