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(Re	questor's Name)	
hbA)	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

10:	Division of Cor			
SHDIE		ILD MIAMI LLC		
SUBJEC	L. I.	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ALEXANDRU F. GUTU		
			Name of Person	
		1100 BRICKELL BAY D	Firm/Company R #31L	TALLAHASSA 18
		MIAMI, FLORIDA 33131	Address	THE SECTION A P. P.
		worldwidewatersportsmian	City/State and Zip Code ni@gmail.com	
For furth	ser information c	E-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	cation) 72
Alex		·	305 570-7550	
	Name c	of Person	Area Code Daytime	Telephone Number
Enclosed	J is a check for t	he 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)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, F1, 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer	ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORL WILD MIAMI LLC		
(<u>Name of the Limited Liability Compa</u> (A Fiorida Limited I	ny as it now appears on our reco Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.16000092421	were filed on 5/13/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
WORLDWIDE MIAMI LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Compuny." the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		28 7
		1.7
Inter new mailing address, if applicable:		SSE TO
		THE PO
		2: 2:
		10° A
3. If amending the registered agent and/or registered of		ds, enter the name of the
egistered agent and/or the new registered office address here	<u>e</u> ;	
N		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	6227
		Florida
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Acti
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		·	☐ Remove
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(If an e <u>Note</u>		and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 of meet the applicable statutory filing requirements, this date will not be listed	
f the re b) Th	ecord specifies a delayed effective e 90th day after the record is filec	e date, but not an effective time, at 12:01 a.m. on the earlier d.	r of:
Dated	d <u>1/16</u> ;	2019	
.,	·	- Jan	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00