(Re	equestor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
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COVER LETTER

	ration Section n of Corporations
SUBJECT:	WORLDWIDE RESTORATION LLC
IUBJECT:	Name of Limited Liability Company
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.
lease return all c	correspondence concerning this matter to the following:
	STEPANO MEDRANO.
	Name of Person
	_Firm/Company
	16795' NW 2320 ST Address
	Address
	PENBROKE PINES, FL 33028. City/State and Zip Code WOMDWIDENESSORATIONLICA GHALL COM.
•	City/State and Zip Code
	WOMDWIDENESSORATIONLICA GMBIL COM
	E-mail address: (to be used for future annual report notification)
or further inform	mation concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
\$25,00 Filing	rg Fee \$\bigsup \\$30.00 \text{ Filing Fee & Certificate of Status}\$ \text{ Certified Copy (additional copy is enclosed)} \\ Certified C

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

WINCOWIDE REST	VRATION CCC.	
(Name of the Limited Liability Compa (A Florida Limited		···
The Articles of Organization for this Limited Liability Company Florida document number	were filed on SUNE 19 20 /	6 - and assigned
Florida document number 17000111707		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	ORLANDO, FL.	CFF ST,
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, 7L.	32837.
Enter new mailing address, if applicable:		N.S.
Mailing address MAY BE A POST OFFICE BOX)		7
,		
	on 11	20
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		the name of the new
	<u>-</u>	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	,
·	, 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, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
HGR	HECTOR R. REINOSO	16795 NW 23RD ST	Add
		PENBROKE PINES, FL 330	2B □ Remove
	•		Change
	·		Add
			□ Remove
			Change
			🗆 Add
•		·	Remove
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tive date	e, if other than e is listed, the da	n the date o	f filing:		to data of	filing or mo	n than 00 de	(optiona	al) ng \ Pursuant t	605 0
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Filing Fee: \$25.00