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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ		OLUTIONS WORLDWIDE	LC	
0010		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		VERONICA VILORIA		
		WAYNE WORLDWIDE	Name of Person SOLUTIONS LLC	·
			Firm/Company	
		8070 NW 71ST STREET	τ	
		MIAMI FL 33166	Address	
		*11	City/State and Zip Code	
		E-mail address: (to be used for fitture annual report notif	ication)
For fu	rther information c	oncerning this matter, please co	all:	
VER	ONICA VILORIA		786 332-2183	
Name of Person		Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	ne following amount:	•	
≘ \$ 2	25.00 Filing Fee	☐ \$30.00 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)

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

WAYNE SOLUTIONS WORLDWIDE LLC

(Name of the Limited Liability Comp. by as it now appears on our records.)

(A Florida Limited Liability Company)

nability Company)	
were filed on 06/29/20	and assigned
lity company here:	
ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
	·
:	
Enter Florida stree	et address
	Florida
Ciţy	Zip Code
performance of my du provided for in Chapte	ty. I further agree to comply with the ties, and I am familiar with and r 605, F.S. Or, if this document is firm that the limited liability
	ility company here: ity Company," the designation fice address on our of the designation Enter Florida street City See to act in this capacit performance of my due provided for in Chapte

Page 1 of 3

DIVISION OF CORPORATION

If amending Authorized Person(s) authorized to manage, we fer the title, name, and address of each person, being added or removed from our vectors:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u> YELIMA PINTO DE	<u>Addr :ss</u> 807J NW 71ST STREET	Type of Action
AMBR	GONZA EZ		Add
		MIAi. ' FL 33166	Remove
			☐ Change
			
			☐ Remove
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Tective date, if other than the	date of filing:		60	optional)	
ffective date, if other than the an effective date is listed, the date must	be specific and cannot be pr	or to date of filing or r	nore than 90 days	after filing.) Pursuant	ю 605.0207 (3)
ote: If the date inserted in this blo ocument's effective date on the De			ng requirements.	this date will not l	be listed as the
e record specifies a delayed	effective date that r	out an effective	time at 12·0)1 am on the	eadier of:
The 90th day after the reco		iot an eneedye	, 00 12.0	T Silli on the	Commercial.
AUGUST 23	2018		-		
aica				,	
					
	Signature of a member or au		a of a mambae		

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Typed or printe/ name of signee

Filing Fee: \$25.00