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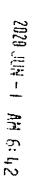
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JUN 1 8 2020 S. YOUNG

## **COVER LETTER**

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SUR IROT.		ORLDWIDE SOLUTIONS L	LC				
Name of Limited Liability Company							
The enclose	d Articles of a	Amendment and fee(s) are sub	omitted for filing.				
Please return	n all correspo.	ndence concerning this matter	to the following:				
		AMBAR GONZALEZ					
			Name of Person				
	WAYNE WORLDWIDE SOLUTIONS LLC						
	Firm/Company						
	8070 NW 71ST STREET						
			Address				
		MIAMI FL 33166					
			City/State and Zip Code				
		AMBARMICHELLEGON	•	·			
		E-mail address: (	to be used for future annual report noti	fication)			
For further i	nformation co	oncerning this matter, please c	all:				
AMBAR G	ONZALEZ		305 767-8213				
	Name of	Person	at ()	e Telephone Number			
Enclosed is	a check for th	e following amount:					
\$25.00	Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	[2] \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAYNE WORLDWIDE SOLUT	ONS LLC		
	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	
·	(A Florida Limited Liability Com	ipany)	
The Articles of Organization for this Limited I Florida document number L16000124570		on JUNE 29, 2016	and as gened
Florida document number			~
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or	registered office address on	our records, enter the	name of the new registered
agent and/or the new registered office addre		· ·	
Name of New Registered Agent:	AMBAR GONZALEZ		
New Registered Office Address:	8070 NW 71ST STREET		
	En	ter Florida street address	
	MIAMI	. Florida	a 33166

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	YELIMA PINTO DE GONZALEZ	8070 NW 71ST STREET MIAMI FL 33166	<b>=</b> Add
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ote: If the	ate insected in this block does	sine and cannot be prior to s not meet the applical	of thing or more the statutory filing rec	ian 90 days after filing.) Juirements, this date v	Pursuant to 605.020 will not be listed a
cument's e	fective date on the Departme	ent of State's records.			
	ies a delayed effective date, h	out not an effective tin	ie, at 12:01 a.m. on th	e earlier of: (b) The	90th day after th
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Filing Fee: \$25.00