

L16000162560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

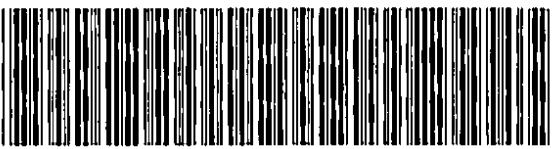
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 20 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WORLD PLUS INVESTMENT, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALDO A. PINTO

Name of Person

WORLD PLUS INVESTMENT, LLC

Firm/Company

2846 SW Port Saint Lucie Blvd

Address

Port Saint Lucie, FL 34953

City/State and Zip Code

pawsparadisegs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALDO A. PINTO

954 913-2658

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$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**

WORLD PLUS INVESTMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/04/2019 and assigned Florida document number L16000162560.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 address here:

Name of New Registered Agent:

ALDO A. PINTO

New Registered Office Address:

2846 SW. Port St. Lucie Blvd.

Enter Florida street address

Port St. Lucie

City

Florida

34953

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 = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALDO A. PINTO	2846 SW Port St Lucie Blvd Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HUGO W PINTO ISMODES	2846 SW Port St Lucie Blvd Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Adding second last name to Hugo W Pinto (ISMODES) to reflect state ID.

REGISTER CHANGES IN OWNERSHIP PERCENTAGE WITHIN THE COMPANY:

ALDO A. PINTO is designate Manager/Agent and He will have 81% ownership;

HUGO W. PINTO ISMODES will have 19% ownership (Member)

This new assignment will take effect on June, 05 2019

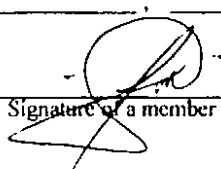

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JULY 11th 2019

Signature of a member or authorized representative of a member

Aldo A. Pinto

Typed or printed name of signee

WORLD PLUS INVESTMENT LLC.

2846 SW. Port St. Lucie Blvd. Port St. Lucie, Fl. 34953

CHANGE IN OWNERSHIP PERCENTAGE WITHIN THE COMPANY

On June, 04 2019 The owners of WORLD PLUS INVESTMENT LLC: **Aldo A. Pinto** and **Hugo W. Pinto Ismodes**, they agreed that for the best development of the business, it's necessary to make a change in the ownership percentage of the company; Therefore, the new percentage of members will be:

ALDO A. PINTO is designate Manager/Agent and He will have 81% ownership;


HUGO W. PINTO ISMODES will have 19% ownership.

This new assignment will take effect on June, 05 2019.



ALDO A. PINTO
Manager

Date: June, 04 2019



HUGO W. PINTO ISMODES
Member

Date: June, 04 2019