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SECRETARY OF STATE FALL AHASSEE, FLORIDA

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## **COVER LETTER**

Division of Co			
GARCIA'S	WORLD WOOD LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	•
Please return all correspondent	ondence concerning this matter	to the following:	
	JAVIER RIVERO GARCI	Α	
		Name of Person	
	GARCIA'S WORLD WOO	OD LLC	
		Firm/Company	
	6709 VILLAGE GROVE	CT .	
		Address	
	TAMPA FL 33615		
		City/State and Zip Code	
	RIVERO JAVI E-mail address: (	ICA 88 & YA-160. C.	cation)
Eor further information	concerning this matter, please ca	afl:	
JAVIER RIVERO GAR	CIA	813 8081135 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
□ S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ SSS.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

GARCIA'S WORLD WOOD LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reconited Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Comp Florida document number L16000174721	pany were filed on 09/19/2016	and assigned
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 "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	<b>3</b>
		AP
		ASSE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<b>S</b>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	,	Florida 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>	Address	Type of Action
MGR	YORKENY RUBIO GARCIA	6709 VILLAGE GROVE CT	■ Add
		TAMPA FL 33615	☐ Remove
			Change
MGR	DENYS LOPEZ ROJAS	6709 VILLAGE GROVE CT	
		TAMPA FL 33615	☐ Remove
			☐ Change
			☐ Remove
			Change
			Add
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n effective date is liste te: If the date inse	ner than the date of ed, the date must be speci rted in this block does date on the Departmen	fic and cannot be pr s not meet the app	licable statutory fil	(option more than 90 days after the fing requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
	s a delayed effect ter the record is f		not an effective	time, at 12:01 a	.m. on the earlier of
03/28/2018 ted		<b>∽</b>			
	(M)	7	<del></del> •		
	/ 1/11//		ethorized representation of the state of the state of the state of signee		

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Filing Fee: \$25.00