LMOCOISCISI

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S. WARREN
JUL 0 7 2017

COVER LETTER

Division of Cor	porations		
SUBJECT:	WORLDWIDE	AQUISITIONS ELC	
SUBJECT:		ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		AUDREY GRACIDA	
		Name of Person	
		29 TEMPLE AVE. SW	
		Address	
	FORT WA	LTON BEACH, FLORIDA 3	2548
		City/State and Zip Code	
		cwalle2017@gmal.com to be used for future annual repor	9 relativation)
For further information ec	oncerning this matter, please ea	·	T HOUSE ALL OFF
Audrey Gracida		850	226-1517
Name of	Person	Area Code D	aytime Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DE AQUISITIONS LLC	
(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears of Limited Liability Company)) our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on JULY	IST, 2017 and assigned
Florida document number L17000136232	<u>_</u> .	
This amendment is submitted to amend the following:		
ruis amendment is subtanted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
WORLDWIDE /	ACQUISITIONS LLC	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Friding dualess SIAT BE AT UST OFFICE BUX		
B. If amending the registered agent and/or registe	and affect address on a	
registered agent and/or the new registered office addro		ir records, emer the name or the i
		
Name of New Registered Agent:		
· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida	street address
·	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	·
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and cor		
accept the obligations of my position as registered age		
being filed to merely reflect a change in the registered		
company has been notified in writing of this change.		\$ -5 −
•		30
	If Changing Registered Agent.	Signature of New Begintered Agent
		<u> </u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = -Ms $AMBR = At$	anager ithorized Member		
<u>Title</u>	Name .	Address	Type of Action
			🖸 Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			Change
			Remove
			Change
			Add
			Remove
			- Change

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<u>ite:</u> If the i	te, if other the late is listed, the date inserted in frective date o	n this block de	oes not meet	the applicab	date of filing of the statutory fi	r more than y ling require	(op 90 days aft ements, th	tional) er filing (tis date v	Pursua vill not	nt to 605.02 be listed
	specifies a d day after th			e, but not	an effectiv	e time, a	t 12:01	a.m. o	on the	e earlier
	86/29		<u>ó</u>	2017	<u>.</u> '			·. (
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					zed representation of RAC 19				JUL -5 PI	

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Filing Fee: \$25.00