L17000139429

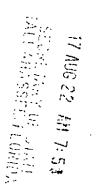
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000302159580

06/22/17--01014--006 **25.00



COVER LETTER

TO: Registration S Division of Co			
SUBJECT: WC	RLD HCLIDAYS	LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	PAUL B	ARNES Name of Person	
			
	WORLD H	DUDAYS LLC Firm/Company	
		Firm/Company	
	3337 STO		LANE
		Address	
	KISSIMM	ICE FL 31	4746
	PAFO Q WORL	Address Address ACC FL 30 City/State and Zip Code DHOLIDAMS LL be used for future annual report notifi	-C. com
	E-mail address: (to	be used for future annual report notif	fication)
For further information	concerning this matter, please ca		
PAUL	BARNES	at (407) 808 Area Code Daytime	8090
Name	of Person	Area Code Daytime	e 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 HOLIDAYS		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L 17000139429		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the al	observation "L.L.C."
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)		
D. If any address the service of the	~ 1 <i>t</i>	41
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	,	99 R
	Enter Florida street address	
	Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent:		The state of the s

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>	Name	Address	Type of Action
Mar	MOMOTAJ KHAN	3337 STEEPLECHASE LANG	X Add
		1C (SSIMMEC FC 3474-6	🗆 Remove
			Change
			□ Remove
			Change
			🗆 Add
			Remove
			🗆 Add
			Remove
			Change
			\ Add
			□ Remove
			Change
			□ Add
			Remove
			Change

			
		<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	
		···	
			
			A10.0
			25 to 50 to
			7: 5 3: 12: 5

ote: If the date inserted in this	the date of filing: must be specific and cannot be prior s block does not meet the applica e Department of State's records.	able statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.0 its. this date will not be listed
record specifies a delay The 90th day after the r	yed effective date, but not ecord is filed.	t an effective time, at 12	::01 a.m. on the earlier
ned Annist	14TH 2017	·	
	Signature of a member or make	orized representative of a member	
	Buttore at a member of audit	and a representative or a memoer	

Page 3 of 3

Filing Fee: \$25.00