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SECRETARY OF STATE

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WONLDWIDE TIN	ANCIAL SOLUTIONS, LICE
Name of Limited Liabili	ty Company /
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the foll	owing:
Won. Jow. o.	e Financia Solumons
	• •
15640 30	S S AUR Address
PALMETIO E City/Sta	Say FL 33157  te and Zip Code  Enricy @ BELLSOUTH. A
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please call:    War A Y CO   at   Name of Person	365 5 0 - 306 4 Area Code Daytime Telephone Number
Certificate of Status Ce	5.00 Filing Fee & S60.00 Filing Fee, crtified Copy ditional copy is enclosed)  S60.00 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

ARTICLES O	OF ORGANIZATION	ON	
	OF	FILED	
WORLDWIDE -	FINANCIAL	- 2022 HAR ET GAY SON	LLC
(Name of the Limited Liability (A Florida L	Company as it now appears o imited Liability Company)	OF STATE	
The Articles of Organization for this Limited Liability Cor	npany were filed on	SECRETARY OF STATE  254 2001 Fl and a	ssigned
Florida document number <u>L17000 15 &amp;</u>	2547	. 1	
This amendment is submitted to amend the following:			

This amendment is submitted to amend the following:

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

APPNENTICE WONLDWY E LLC

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

## 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>	Name	Address	Type of Action
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cord specifies a de 90th day after th	elayed effective date, but ne record is filed.	t not an effective	e time, at 12:0	1 a.m. on the earl
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	Signature of a member or			
	- FERNA	N/M	4700	
	Typed or APPREA			

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