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(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	e)
(Docur	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Worldwide Eining	Lice Connect. Con, LLC
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to	the following:
Louis N.	Schalmik. Name of Person
Louis N.	Scholnile, P.A. Firm/Company
3109 Sti	Ming Road, Suite 101
	erdale, Fla. 33312.
LNS @[	cou Scholnik - Come used for future annual report notification)
For further information concerning this matter, please call:	e used for future annual report nonneation)
Louis N. Scholnik	at (954) 771-479 O  Area Code Daytime Telephone Number
Name of reson	Area Code Payrine Perpaone Pulmer
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

Worldwide E	Juice Cornect, 60	m, LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on Sept 19, 201	2 and assigned
Florida document number <u>L1700019442</u> 7		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NIa		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIW	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Ma	. <u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		er the name of the new
registered agent and/or the new registered office address here	<u>e:</u>	<b>17</b> SEG
Name of New Registered Agent:	N/W N/W	## 00 F
New Registered Office Address:	Na	A A B
	Enter Florida street address	A TO
	, Florida	E Lip 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.

Ma

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 Title **Address** Type of Action Name Munager MGMT CORP. 215 SW 125th Ave DAdd (Mg E)

Plantation, Fla 33325 XRemove □ Change Munager K-Time Enterprises, LIC 215 SW 125th Ave MADD
(MgR) Plantution, FL 33325 ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Remove \_□ Change D Add ☐ Remove \_\_\_\_ Change

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Filing Fee: \$25.00