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(Re	questor's Name)	_
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(Cit	y/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
	siness Entity Name	<u>, </u>
, Da)	Siness Entity Name	*)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

Divi	sion of Corp	orations					
UBJECT:	WORD TEA	AM UNITED LLC					
obsticit.		Name of Lim	ited Liability Company				
he enclosed	Anicles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
			JUAN C SANIN				
			Name of Person				
	WORD TEAM UNITED LLC						
			Firm/Company				
		5833	S GOLDENROD ROAD UN	NT B/431			
			Address				
		OI	RLANDO, FLORIDA, 32822				
			City/State and Zip Code				
			STERACCTG@YAHOO.CC to be used for future annual report				
For further in	formation co	ncerning this matter, please co					
JUAN CARI	OS SANIN		34 626623				
	Name of	Person	at () Area Code D	aytime Telephone Number			
Enclosed is a	check for the	e following amount:					
■ \$25.00 Fi	iling Fee	S30.00 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

TO:

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

WORD TEAM UNITED, LLC							
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)					
The Articles of Organization for this Limited Liability Company Florida document numberL17000220081	were filed on10	/24/2017	and assigned				
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	ility company here:						
WORLD TEAM UNITED, LLC							
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abb	previation "L.L.C."				
Enter new principal offices address, if applicable:	JUAN C SANIN						
(Principal office address MUST BE A STREET ADDRESS)	(DDRESS) 5833 S GOLDENROD ROAD UNITE B/431						
	ORLANDO, FL 32822						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>e</u> :		FILE D				
	Enter Florida street		9: 30 REDA				
	City	, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = MS $AMBR = AB$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			
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	specifies a delayed ef			not ar	effectiv	e time, a	t 12:01 a	.m. on th	e earli	ier
The 90t	th day after the record	l is filed.								
ated	DECEMBER, 20		2017							
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Page 3 of 3

Filing Fee: \$25.00