18000121264

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
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TO:

Registration Section

Division of Cor	porations		
	'S WORLD STAR MASONR'	Y LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ISAAC A CASTRO		
		Name of Person	
	AMERICA'S WORLD ST	AR MASONRY LLC	
		Firm/Company	1 19 -
	4402 EMERALD VISTA		
		Address	1.48to-4
	LAKE WORTH FL 33461		
		City/State and Zip Code	"
	lsaac@awsmasonryllc.com		·
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please co	all:	
ISAAC A CASTRO		561 281-3163 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICA'S WORLD STAR MA		
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	Liability Company were filed on 05/15/2018	and assigned
Florida document number L18000121264	-	
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	74-1-1-1-1
Principal office address MUST BE A STRE	ET ADDRESS)	
		. •
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
If amending the registered agent and/or igent and/or the new registered office addre	registered office address on our records, enter the	name of the new registe
gent and/or the new registered ornec additi	iss nere.	
Name of New Registered Agent:	GUADALUPE DE LA PAZ RUBIO DE CASTRO	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Name	Address	Type of Action
EMILY I MONTERREY		□Add
	4402 EMERALD VISTA, LAKE WORTH FL 33461	≣Remove
		□Change
Guadalupe de la paz rubio de castro	4402 EMERALD VISTA, LAKE WORTH FL 33461	🛢 Add
		□Remove
		Change
		□Add
		□Remove
		□Change :
		□Add
		□Remove
		Change
		🗆 Add
		□Remove
		□Change
		□Add
		□ Remove □ Change
	EMILY I MONTERREY	Guadalupe de la paz rubio de castre 4402 EMERALD VISTA, LAKE WORTH FL 33461

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fective date, if other than to an effective date is listed, the date	he date of filin	g:		(opti	onal)
an effective date is listed, the date in this of the date inserted in this	nust be specific and	d cannot be prior	to date of filing or π	ore than 90 days after	filing.) Pursuant to 605.0
ocument's effective date on the			iole statutory film	ig requirements, un	s date will not be fister
record specifies a delayed effec	tive date, but not	t an effective tii	me, at 12:01 a.m.	on the earlier of: (b) The 90th day after
is filed.					
OCTOBER 17		2024			
ated		,			
		_			
- Jun	Signature of a	member or autho	rized representative	of a member	

Filing Fee: \$25.00