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(Requestor's Name)
(Address)
(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:
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
eun ir		DWIDE GROUP, LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	etum all correspo	ondence concerning this matter	to the following:	
		DE OLIVEIRA, FERNAN	NDO C. JR.	
		LS WORLDWIDE GROU	Name of Person JP, LLC	
Firm/Company 6137 WOODBURY ROAD				
	Address BOCA RATON, FL 33433			
		CARLISONJR@HOTMAI	City/State and Zip Code L.COM	
		E-mail address: (	to be used for future annual report notifi	cation)
For furtl	ier information c	oncerning this matter, please c	all:	
DE OLI	VEIRA, FERNA	NDO C. JR.	561 9297552 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■</b> \$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:

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

LS WORLDWIDE GROUP, LLC (Name of the Limited Liability Compa	ny as it now annears on our recorde t	· · ·
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	_iability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 06/13/2018	and assigned
lorida document number L18000145983		
This amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
VORKNECTION LLC		
he new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" o	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	652 S MILITARY TRAIL	-100 TO
Principal office address MUST BE A STREET ADDRESS)	DEERFIELD BEACH FL 33442	
		5 5 T
		2 2
inter new mailing address, if applicable:	6137 WOODBURY ROAD	P 0
Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33433	
		9
•	BOCA RATON, FL 33433  Tice address on our records,	PH 1000000000000000000000000000000000000
Names of Name Design and A		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florid	da
	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 or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Actio
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			☐ Change
			□ Add
			□ Remove
			Change
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fective date, if other than the in effective date is listed, the date muote: If the date inserted in this blocument's effective date on the D	st be specific and cannot be pri ock does not meet the appl	for to date of filing or more licable statutory filing r		
record specifies a delayed The 90th day after the rec	d effective date, but r ord is filed.	ot an effective tim	ne, at 12:01 a.m. on	the earlier
ted MARCH 3RD	2019			
ku	M P2 Signature of a member of au	lly		
<i>V</i>	Signature of a member of au	horized representative of	a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00