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COVER LETTER

Registration Section

TO:

Division of C	Corporations				
	ORWARDING LLC				
SUBJECT:	Name of Lir	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	spondence concerning this matter	r to the following:			
	CARLA CARRAI				
		Name of Person			
	CNC CERTIFIED PUB	LIC ACCOUNTANT			
	-	Firm/Company			
	9290 SW 72ND ST SUIT	E 103	### F	C O	
		Address	A		-17
	MIAMI, FL 33173		11. 11. 11. 11.	2 I PI	
	INFO@CNCPAS.COM	City/State and Zip Code	FLORIDA	AUG 21 PK 4:38	4. 7
Car Carlanda Carradia		(to be used for future annual report notific	ration)		
	n concerning this matter, please o				
	CCOUNTING ASSISTANT	305 279-3686 at ()			
Nam	e of Person	Area Code Daytime	Felephone Number		
Enclosed is a check fo	or 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 Sta Certified Copy (additional copy is en	tus &	
Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen	tions		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOL FORWARDING LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed onAUGUST 15, 2018	and assigned
lorida document number		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabilit	y 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 applicable:		16 24 16
Principal office address MUST BE A STREET ADDRESS)		
-		1 E
Inter new mailing address, if applicable:		무
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
- B. If amending the registered agent and/or registered offic egistered agent and/or the new registered office address here:	re address on our records, ente	r the name of the
entitle agent and of the new registered office address never		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zin 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JUAN IGNACIO COTI	9290 SW 72ST SUFFE 103	
		MIAMI, FL 33173	D Add
			■ Remove
			☐ Change
MGR	JUAN IGNACIO GOTI	9290 SW 72ST SUITE 103	П
		MIAMI, FL 33173	Add
			Remove
			Change
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ective date, if other than the effective date is listed, the date muste: If the date inserted in this blument's effective date on the D	t be specific and o ock does not me	cannot be prior to eet the applica		r more than 90 day		
record specifies a delayed he 90th day after the rec		ate, but not	an effectiv	e time, at 12	:01 a.m. on t	he earlier
August 17,	·	2018	_ ·			
×	(us)					
^	<i>p</i> 27			ive of a member		

Page 3 of 3

Filing Fee: \$25.00