

**L18000288024**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

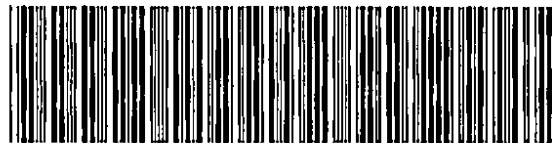
(Business Entity Name)

(Document Number)

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**FILED**  
2020 MAR 19 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

APR - 1 2020

C Kinsey

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WORLDTRANS 74 LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OTTO MONTIEL

\_\_\_\_\_  
Name of Person

WORLDTRANS 74 LLC

\_\_\_\_\_  
Firm/Company

204 NW 136TH WAY #104

\_\_\_\_\_  
Address

PLANTATION, FLORIDA 33325

\_\_\_\_\_  
City/State and Zip Code

WORLDTRANS74@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OTTO MONTIEL

786 280-0665  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WORLDTRANS 74 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2020 MAR 19 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/17/2018 and assigned

Florida document number 118000288024.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SAME

The 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:**

8385 NW 68TH STREET

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33166

**Enter new mailing address, if applicable:**

8385 NW 68TH STREET

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FL 33166

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SAME

New Registered Office Address:

SAME

*Enter Florida street address*

SAME

Florida SAME

*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.*

WA  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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N/A	N/A	N/A	<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

NONE

**F. Effective date, if other than the date of filing:** 03/15/2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 15, 2020

Signature of a member or authorized representative of a member

OTTO MONTIEL

Typed or printed name of signee

**Filing Fee: \$25.00**