L19000019199

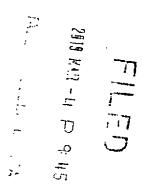
(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	<u>e)</u>
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700325283937

03/04/19--01031--006 **25.00



COVER LETTER

ision of Cork	orations				
WORLD ON	N WHEELS INSURANCE .LL	.c			
	Name of Limi	ted Liability Company			
I Articles of /	Amendment and fee(s) are subr	nitted for filing.			
all correspor	ndence concerning this matter t	o the following:			
	ALBENIS GIL				
		Name of Person		29	
	WORLD ON WHEELS IN	SURANCE, LLC	; ;		- <u>U</u>
		Firm/Company		٦٥	
	12405 SW 10 ST				; ;;]
	• • • • • • • • • • • • • • • • • • • •	Address		•	مدا
	MIAMI FL 33184		· : :	. 45	
	worldonwheelstransport@gr	City/State and Zip Code mail.com			
	E-mail address: (1	to be used for future annual report noti-	fication)		
nformation ed	oncerning this matter, please ca	all:			
GIL		786 203-0264			
Name of	f Person		e Telephone Number		
a check for th	ie following amount:				
Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C	of Status & Copy	
	nformation co	Name of Limi I Articles of Amendment and fee(s) are subrated all correspondence concerning this matter to ALBENIS GIL WORLD ON WHEELS IN 12405 SW 10 ST MIAMI FL 33184 worldonwheelstransport@gr E-mail address: (to formation concerning this matter, please cases) GIL Name of Person a check for the following amount: Filing Fee \$30.00 Filing Fee &	Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: ALBENIS GIL Name of Person WORLD ON WHEELS INSURANCE, LLC Firm/Company 12405 SW 10 ST Address MIAMI FL 33184 City/State and Zip Code worldonwheelstransport@gmail.com E-mail address: (to be used for future annual report noting at (WORLD ON WHEELS INSURANCE .LLC Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: ALBENIS GIL Name of Person WORLD ON WHEELS INSURANCE. LLC Firm/Company 12405 SW 10 ST Address MIAMI FL 33184 City/State and Zip Code worldonwheelstransport@gmail.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: GIL Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. A call correspondence concerning this matter to the following: ALBENIS GIL Name of Person

TO:

Registration Section

MAILING ADDRESS: 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

WORLD ON WHEELS INSURANCE LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our rec la Limited Liability Company)	ords.
The Articles of Organization for this Limited Liability	Company were filed on 01/17/2019	and assigned
Florida document number L19000019199	·	
This amendment is submitted to amend the following:		-·
A. If amending name, enter the new name of the lin	nited liability company here:	
WORLD ON WHEELS TRANSPORT LLC		<u></u>
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "I	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regi	istered office address on our reco	ords, enter the name of the
registered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street ad	dress
		Florida
	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

It 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	ALBENIS GIL	12405 SW 10 ST MIAMI FL 33184	∧dd
			☐ Remove
			☐ Change
AP	MILENA ROMEO	12405 SW 10 ST MIAMI FL 33184	
			Remove
			Change
		<u> </u>	Add
			Add Pemove
			☐ Change
			 ⊕;Add
			Remove
			☐ Change
			Add
			Remove
			□ Change
		 	Remove □ Change

			<u> </u>	
		-	<u> </u>	
				
				
	.			
				···
		, , , , , , , , , , , , , , , , , , ,	-	
			 	-
			<u>.</u>	
·	· · · · · · · · · · · · · · · · · · ·			
				
		·	-	<u> </u>
				
			-	<u>~~~~</u>
-	02/21/2019			
ctive date, if other th	an the date of filing:	1 CS1	(optional)	Dumume 4 - 605 (1
e: If the date inserted in	ate must be specific and cannot be prior to this block does not meet the applicable	e statutory filing require	ments, this date	will not be listed
ument's effective date of	the Department of State's records.			
record specifies a do he 90th day after th	elayed effective date, but not a ne record is filed.	n effective time, at	: 12:01 a.m.	on the earlier
. 02/21	2019			
ed		/		

Page 3 of 3

Filing Fee: \$25.00