L19 CCCC19199

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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COVER LETTER

	Registration Se Division of Cor					
SUBJEC		N WHEELS TRANSPORT LI	C			
SUBJEC	· · · <u></u>	Name of Limited Liability Company				
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	tum all correspo	ondence concerning this matter	to the following:			
		MILENA ROMEO				
		WORLD ON WHEELS TO	Name of Person RANSPORT LLC			
		12405 SW 10 ST	Firm/Company			
		MIAMI, FL 33184	Address			
		· ·	City/State and Zip Code			
		E-mail address: (to be used for future annual report not	fication)		
For furth	er information c	oncerning this matter, please co	all:			
MILENZ	A ROMEO		at (786) 203 - Area Code Daytin	0264		
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	l is a check for the	he following amount:				
\$25.0	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)		
	Regist Divisio P.Q. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 3	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD ON WHEELS TRANSPORT LLC

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

The Articles of Organization for this Limited L		ere filed on 01-17-2019	and assigned
Florida document number 1.19000019199	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liabili	ty company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		<u>.</u>
(Principal office address MUST BE A STREE	ET ADDRESS)		- 178 UC
			i C
			2
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			ds, enter the name of the new
New Registered Office Address:	12405 SW 10 ST		
New Registered Office Address.		Enter Florida street addr	CV)
	MIAMI	. 1	Florida 33184 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete po istered agent as pro registered office ac	erformance of my duties, wided for in Chapter 605	and I am familiar with and i. F.S. Or, if this document is

Page 1 of 3

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	ALBENIS GIL	12405 SW 10 ST	
MGR			
		MIAMI, FL 33184	
			■ Remove
			Change
			☐ Add
			Remove
			□ Change
			Remove
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
			_

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•	
Note:	ive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 14 . 2019.
	Signature of a member or authorized representative of a member
	Milena Komeo Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00