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Amend

JAN 3 () 2020 I ALBRITTON

COVER LETTER

TO: Registration S Division of Co			
World Na	ion Consulting, LLC		
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following	
	Jennifer Nina		
		Name of Person	· ·
	World Nation Consulting.		
		Firm Company	
	6221 NW 179th Terrace		
		Address	
	Hialeah, FL 330154		
		City State and Zip Code	
	worldnationfleta gmail.com		
Ear further information	t:-mail address: (concerning this matter, please c	to be used for future annual report no	tification)
	concerning this matter, prease c	954 817-2965	
Jennifer Nina	<u> </u>	at ()	
Name	of Person	Area Code Dayti	me 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 radditional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	ection
Division of 0	Corporations	Division of Co	orporations
-	Corporations 27	Division of Co The Centre of	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World Nation Consultation, LLC	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 06 25/2019 and assigned
Florida document number 1.19000166131	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	Hiability company here:
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:	
(Principal office address MUST BE A STREET ADDRES	<u>sy</u>
	in which is a second of the se
Enter new mailing address, if applicable:	= 0
(Mailing address MAY BE A POST OFFICE BOX)	2
	78
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records, <u>enter the name of the new registere</u> c
Name of New Registered Agent:	
New Registered Office Address:	
New registered office Address.	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:
provisions of all statutes relative to the proper and comp	l agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Francisco Nina	6221 NW 179th Terrace Hialeah, FL 33015	= Add
			□Remove
			□Change
	·	· · · · · · · · · · · · · · · · · ·	□Add
			ERemove
			Change
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Note:	ive date, if other than the date of filing:
	d 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 led,
ord is fi	