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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		ENTERPRISES, LLC		6
SUBSILE (
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		ALECIA V GALLEGOS		
			Name of Person	
	•			
			Firm/Company	
		137 S INDUSTRIAL LOOP	, UNIT 6	
			Address	
		LABELLE, FL 33935		
		PEQUENO_ENT@YAHOO.	City/State and Zip Code COM	
		E-mail address: (to be used for future annual report notific	ation)
For further in	nformation co	oncerning this matter, please ca	all:	
ALECIA GA	ALLEGOS		863 674-1745	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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

TO:

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**

	J
ARTICLES OF O	· Chris
Ol	F G
PEQUENO ENTERPRISES, LLC	
(Name of the Limited Liability Compan (A Florida Limited L	ay as it now appears on our records.)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 07/11/2019 and assigned
lorida document number L19000179444	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
WORLD WIDE HARVESTING COMPANY, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	410 F Road
(Principal office address MUST BE A STREET ADDRESS)	LiBelle FL, 33935
B. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•
hereby accept the appointment as registered agent and agreen provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document i.
If Chan	ging 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>	Address	Type of Action
			□Add
			□Remove
			□Change
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E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	t does not meet the applicable	ate of filing or more than 90 descriptions statutory filing requirement	_(optional) sys after filing.) Pursuant to 605.6 nts, this date will not be listed	0207 (3) d as the
f the record specifies a delayed e b) The 90th day after the record		n effective time, at 17	2:01 a.m. on the earlie	r of:
NOVEMBER 05,	2019			
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Typed or printed name of signee

Filing Fee: \$25.00