L20000023664

(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Se Division of Cor		•	,			
SUBJE		O HOLDINGS 2 LLC		·			
SOBOL		Name of Lim	ited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please i	return all correspo	ondence concerning this matter	to the following:				
		Tom Bennett					
			Name of Person				
		Worldco Holdings LLC					
			Firm/Company				
		234 BaytreeDr					
		Address					
		City/State and Zip Code					
		tombenems1@gmail.com					
		E-mail address: (to be used for future annual report n	otification)			
For furt	ther information c	oncerning this matter, please ea	all;				
Tom Be	ennett		305 3236722 at ()				
	Name o	f Person	Area Code Dayt	ime Telephone Number			
Enclose	ed is a check for th	ne following amount:					
X \$25	5.00 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 Addres Registration S	Section	Street Address: Registration S				
	Division of C	orporations	Division of C	orporations			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLDCO HOLDINGS 2 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 Liability Company were filed on $\frac{01/16/2020}{1}$ and assigned Florida document number L20000023664 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida _

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
AMBR	TOM BENNETT	234 BAYTREE DR, RORONDA WEST, FL 33947	= Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
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Note:	ive date, if other than the date of filing:
recor d is fi	rd 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.
Dated	NOVEMBER 28 J. 2022 J
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00