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# COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: MC	Beine Wes	ALDE LLC' ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	PAUL J.	Name of Person	
	MilBeide	Worldwije	uc.
	656 SE 191	h AVE APT Address	4
	PAULUSZIDE E-mail address:	City/State and Zip Code  7770 4460. Co to be used for future annual report noti	offication)
For further information co	oncerning this matter, please ca		
PAUL J. M. Name of	Person	at ( <u>501</u> ) <u>809</u> - Area Code Daytim	- 0547 e Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M.Boioc 1 (Name of the Limit	ted Liability Company	y as it now appears on o	our records.)	<u> </u>
The Articles of Organization for this Limited L Florida document number <u>し2ゆかり2歩</u> で	iability Company w	i		and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name $\alpha$	f the limited liabili	ity company here:		
The new name must be distinguishable and contain the week the principal offices address, if application of the principal office address MUST BE A STREE	rable:	y Company," the designa	ntion "LLC" or the a	abbreviation "L.L.C."
Enter new mailing address, if applicable:  "Mailing address MAY BE A POST OFFICE"	<u>BOX)</u>			
B. If amending the registered agent and/or ragent and/or the new registered office address	~.	ldress on our record	ls, <u>enter the na</u> i	me of the new registered
Name of New Registered Agent:	PAUL	5 McBeci	Σ.Ξ	
New Registered Office Address:	1056 SE	McBRE Enter Florida su	AOT Y	
	DERGIEK	Boach	, Florida _	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

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 111 St. 14 AM 9: 7	Type of Action
<u>AMBR</u>	PAUL J. MCBRIDE	656 SE 1914 AUE Apt 4	UAdd
		Doze Field Beach, FL	□Remove
		33441	□Change
		<del> </del>	□Remove
			□Change
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tive date, if other than the date of filing:	(optional)
	prior to date of filing or more than 90 days after filing.) Pursuant to 605 plicable statutory filing requirements, this date will not be list
ment's effective date on the Department of State's reco	
ord specifies a delayed effective date, but not an effectiv filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after
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9 7 2020 BUY	2
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