

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L20 0000235030

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC
Account Number : I20140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WORLD WIDE CELLULAR SUPPLY LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

2022 AUG -9 PM 12:11

FILED
 2022 AUG -9 PM 4:48
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX
 Help
 AUG 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORLD WIDE CELLULAR SUPPLY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE NARVAEZ

Name of Person

WORLD WIDE CELLULAR SUPPLY LLC

Firm/Company

2911 39TH Street Ste 500

Address

Orlando, FL 32839

City/State and Zip Code

Onuave2104@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE NARVAEZ

Name of Person

at (973) 362 2698

Area Code

Daytime 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
(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**

WORLD WIDE CELLULAR SUPPLY 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 08/05/2020 and assigned
Florida document number L20000235030.

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 "L.L.C."

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:

JOSE NARVAEZ

New Registered Office Address:

2911 39TH StreetSte 500

Enter Florida street address

ORLANDO

City

Florida

32839

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANGELA K POLCHIES	101 KNIGHTS HOLLOW DR	<input type="checkbox"/> Add
		APOPKA, FL 32712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE NARVAEZ	2911 39TH StreetSte 500	<input checked="" type="checkbox"/> Add
		Orlando, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 08-09, 2022

Signature of a member or authorized representative of a member

Jase NARVAEZ
Typed or printed name of signee

Filing Fee: \$25.00