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COVER LETTER

	Registration Solivision of Col						
SUBJEC		CTED LLC					
SUBJEC	L: <u></u>	Name of Lin	ited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		JONATHAN ASERRAF					
			Name of Person				
		<u></u>	Firm/Company				
		4300 BISCAYNE BLVD,	SUITE 203				
			Address				
		MIAMI, FL 33137					
		JA@OFFIXSOLUTIONS.0	City/State and Zip Code				
		E-mail address: (to be used for future annual report not	ification)			
For furthe	r information c	concerning this matter, please c	all:				
JONATHAN ASERRAF		305 799-1576					
	Name o	f Person		ne Telephone Number			
Enclosed i	is a check for th	he following amount:					
■ \$25.0	0 Filing Fee	S30.00 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)			
_	failing Addres		Street Address:				
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CP DETECTED 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 09/29/2020 __ and assigned Florida document number _____L20000306824 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WORLD DELETE LLC 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

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
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			□Add
			□ Remove
			□Change
		<u> </u>	□Add
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NEW NAME: WORLD DE	LETE LLC					
						
						
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Filing Fee: \$25.00