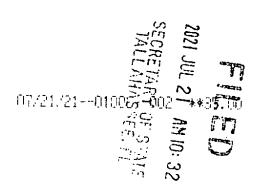
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COVER LETTER

Division of Corporations	
SUBJECT: Dorld Wide Trans	
Name of Limit	& Liability Company
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
1	
Orla	indo Coro
	Name of Person
\mathcal{C}	Juff
	Firm/Company
8428 nw	103 st apt 104
	Address
11. 1	
- Malean	Gardens F1. 33016 City/State and Zip Code
Worldwidely E-mail address: (to	Cansportile Gamail Com o be used for future annual report notification)
For further information concerning this matter, please ca	11:
6110	204 201 0400
Orlando Coro	at (305) 297 - 2492
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

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

TO:

Registration Section

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

(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 2000 0364799</u> .	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	BYJP nw 103 st oldt 104 Houlean Gardens FJ. 33016
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9428 nw 103 st apt. 104 Hialeah Gardens IJ. 33016
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: YY 28 n Haleah	Enter Florida street address Gardens Florida 33016 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 Address Type of Action Title Name 8428 nw 103 str, Hialeal DAdd □Add __ □Change Co ©Remove □ Change □Remove ____ Change □Add _____ □Remove

______ Change

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Filing Fee: \$25.00