

h21 000014578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

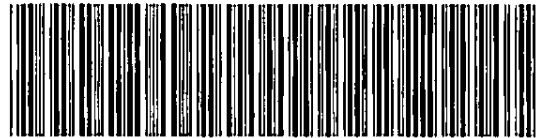
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

6/11

Office Use Only



700367429177

2021-08-30 08:57 4431.00

FILED

2021 AUG 30 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FL

D BRUCE  
SEP 10 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2021

JOSE F LUGO YSEA  
4428 SUMMER FLOWERS PLACE  
KISSIMMEE, FL 34746

SUBJECT: NJ WORLDWIDE ENTERPRISE LLC  
Ref. Number: L21000014578

FILED  
2021 AUG 30 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

We have received your document for NJ WORLDWIDE ENTERPRISE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 921A00015642

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NJ WORLDWIDE ENTERPRISE 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 F LUGO YSEA

Name of Person

NJ WORLDWIDE ENTERPRISE LLC

Firm/Company

4428 SUMMER FLOWERS PLACE

Address

KISSIMMEE, FL 34746

City/State and Zip Code

LUGOJFG1977@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE F LUGO YSEA

407

549-6071

Name of Person

at ( )

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

SECRET  
TALLAHASSEE, FL

2021 AUG 30 AM 8:57

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

NJ WORLDWIDE ENTERPRISE 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 01/19/2021 and assigned  
Florida document number L21000014578.

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)**

4428 SUMMER FLOWERS PLACE

KISSIMMEE, FL 34746

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4428 SUMMER FLOWERS PLACE

KISSIMMEE, FL 34746

**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 F LUGO YSEA

New Registered Office Address:

4428 SUMMER FLOWERS PLACE

*Enter Florida street address*

KISSIMMEE

*City*

Florida 34746

*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>                      |
|--------------|---------------------------|---------------------------|--|
| AMBR         | NABIL H HABIB             | 221 SW 12 ST APT 423      | <input type="checkbox"/> Add               |
|              |                           | MIAMI, FL 33130           | <input checked="" type="checkbox"/> Remove |
|              |                           |                           | <input type="checkbox"/> Change            |
| AMBR         | SORELIS DEL VALLE REYES D | 4428 SUMMER FLOWERS PLACE | <input checked="" type="checkbox"/> Add    |
|              |                           | KISSIMMEE, FL 34746       | <input type="checkbox"/> Remove            |
|              |                           |                           | <input type="checkbox"/> Change            |
|              |                           |                           | <input type="checkbox"/> Add               |
|              |                           |                           | <input type="checkbox"/> Remove            |
|              |                           |                           | <input type="checkbox"/> Change            |
|              |                           |                           | <input type="checkbox"/> Add               |
|              |                           |                           | <input type="checkbox"/> Remove            |
|              |                           |                           | <input type="checkbox"/> Change            |
|              |                           |                           | <input type="checkbox"/> Add               |
|              |                           |                           | <input type="checkbox"/> Remove            |
|              |                           |                           | <input type="checkbox"/> Change            |
|              |                           |                           | <input type="checkbox"/> Add               |
|              |                           |                           | <input type="checkbox"/> Remove            |
|              |                           |                           | <input type="checkbox"/> Change            |

FILED  
2021 APR 30 AM 8:07  
EDINE A. J. STATE  
TALLAHASSEE, FL

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

Change address for AMBR Jose F Lugo Ysea. Change from 2753 Pleasant Cypress CR, Kissimmee, FL 34741

to: 4428 Summer Flowers Place, Kissimmee, FL 34746.

FILED

2021 AUG 30 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

**E. Effective date, if other than the date of filing: 06/04/2021 (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 June 3

2021

Signature of a member or authorized representative of a member

JOSE F LUGO YSEA

Typed or printed name of signee