121000264263

(Requ	iestor's Name)	
(Addi	ess)	
(Addr	ess)	
(City/S	State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	ne)
(Docu	rment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

Office Use Only

A. RIVERS
NOV 0 8 2021



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2021 **** - 1 PM 1: 12

October 25, 2021

JOSE TARIFA 5770 NW 72ND AVE. MIAMI, FL 33166

SUBJECT: WORLD TRUCK AUTO SALES LLC

Ref. Number: L21000264263

We have received your document for WORLD TRUCK AUTO SALES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00025966

Alecia Rivers Regulatory Specialist II

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:	orld Truck	outo Sales LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Jose	Name of Person	
		Name of Person	
	world the	cck Auto See	les LLC
	<u>5770 Nu</u>) 72nd Que.	
	<u> </u>	liami El 33	166.
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information con	cerning this matter, please ca		·,
or rander information con	cerning this matter, prease ea	dii.	
Jose -	Tarifa erson	at (<u>305</u>) <u>773 (</u> Area Code Dayrimo	0956
Name of P	erson	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)
<u>Mailing Address:</u> Registration Sec		Street Address: Registration Sec	tion
Division of Cor P.O. Box 6327	porations	Division of Cor	
Tallahassee, FL	32314	The Centre of Te 2415 N. Monroe	allanassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ito Idles	J L (
(<u>Name of the Limited</u> (λ	Liability Compar Florida Limited L	iy as it now appears on our re lability Company)	cords.)	
(* -				
The Articles of Organization for this Limited Liab	ility Company	were filed on		and assigned
Florida document number <u>L 2100002</u> (-
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	<u>ie limited liabi</u>	lity company here:		
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the designation "	LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicab	le·			
•••		5170 NW 72	nd are 1	Tion F133141
Principal office address MUST BE A STREET	ADDRESS)	3170 1945 10	1.0	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO)X)	5770 NW 7	ad ave. h	hami F 13316
				
3. If amending the registered agent and/or reg	istered office a	ddress on our records, en	iter the name of	the new registered
igent and/or the new registered office address l		adress on our records, en	ter the number of	the new regimeres
•				
Nama of Naw Basistana Amanta	Jo	Se Tarifa. NW 72nd Au Enter Florida street aa		
Name of New Registered Agent:			. n .	- C
New Registered Office Address:	5+70	NW HZnd Agu	e Klian	<u>u=F133166.</u>
		Enter Florida street aa	ldress	
	llia	mi	Florida	33166
	<u>, , , , , , , , , , , , , , , , , , , </u>	City	<u></u>	Lip C <u>od</u> e
New Registered Agent's Signature, if changing Reg	istered Agent:			
	-	a to got in this agreeity	I finathon arrive	to comply with the
hereby accept the appointment as registered corovisions of all statutes relative to the proper				
eccept the obligations of my position as registe				
peing filed to merely reflect a change in the reg	istered office (
company has been notified in writing of this ch	ange.			
		1		

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
AMBR	Jose Tarija	5770 NW 72 and Due Mianu	. R133166
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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_,			□Add
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			🗆 Change

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<u>e:</u>	re date, if other than the date of filing:
orc	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 d.
ed_	10-29-2021
	\mathscr{K}
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00