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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : I20180000068 : (407)344-1012 Phone ; (407)344-1371 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASSURANCE CERTIFICATION WORLD LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSURANCE CERTIFICATION WORLD I	CLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our rec Limited Liability Company)	rdr)
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/01/2021	and assigned
Florida document number L21000304026		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
		20.
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	22
		M 9: 26
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, <u>en</u>	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Non-Theristen d Office Address		
New Registered Office Address:	Enter Florida street ad	tress
		Florida
	Clty	21p Code
New Registered Agent's Signature, if changing Registered	d 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>	Name	Address	Type of Action
MGR	Assurance Certification Word SAS	Calle 30 #3430	□A dd
		Marinilla, AN 00000 CO	■Rето∨е
	Contro de Ensonanza		□ Change
MGR	Centro de Enschanza Acitomovitistica Eschela de Conducción Gasd	CR34 28B 37	≅Add
	Drive SAS	Marinilla, Antioquia, Colombia	□ Remove
			Change
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Effective date, if other than the date of filing: (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 (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. 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 ord is filled. Dated Dated Augustus Augustu			····			
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Angelica M. Angelia Gil. Signature of a member or authorized respesentative of a member	rd is filed.	20	21			
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Filing Fee: \$25.00