

Jul. 22. 2021 12:42PM

No. 1022 P. 1

7/22/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L2100028031 026

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : I20180000068

Phone : (407)344-1012

Fax Number : (407)344-1371

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

Email Address: anc690@gmail.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSURANCE CERTIFICATION WORLD 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 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 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) _____

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

_____, Florida _____
City 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

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CLERK OF COURT
STATE OF FLORIDA

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>
MGR	Assurance Certification Word SAS	Calle 30 #3430	<input type="checkbox"/> Add
		Marinilla, AN 00000 CO	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Centro de Enseñanza Automovilística Escuela de Conducción Good Drive SAS	CR34 28B 37	<input checked="" type="checkbox"/> Add
		Marinilla, Antioquia, Colombia	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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