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PICK-UP	☐ WAIT	MAIL
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Office Use Only

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp			
aut ID	~~	LWIDE, LLC		
SUBJEC	CT:	Name of Limi	ted Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		MIGUEL PALACIO		
			Name of Person	
			Firm/Company	
		7301 NW 174th TERRACI	E - APT. 107	
			Address	
		HIALEAH, FL 33015		
		The state of the s	City/State and Zip Code	
		MARIAPAZT@HOTMAIL E-mail address: (1)	to be used for future annual report no	tification)
For furt	her information c	oncerning this matter, please ca	all:	
MIGUE	EL PALACIO		305 560-7538 at ()	
<u> </u>	Name o	f Person	Area Code Daytii	me Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	5.00 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 Addres		Street Address:	action
	Registration S Division of C		Registration S Division of Co	
	P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FM WORDLWIDE, LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Compare Florida document number L21000319263	ny were filed on <u>07/12/202</u>	21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
FM WORLDWIDE, LLC			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designat	ion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		(7)	-23
Enter new mailing address, if applicable:		ORETAR)	
(Mailing address MAY BE A POST OFFICE BOX)			P M
Muning address MAT BE AT OST OFFICE BOXY		년 60 	25
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our record	s, <u>enter the name</u>	of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet address	
		, Florida	
	City	, * 1011444	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 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
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			Change
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