LZI 000395909

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COVER LETTER

TO:

Registration Section
Division of Corporations

CAROLINA WORLD DRIVE LLC SUBJECT: 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: ALYSSON SAVIO DE OLIVEIRA Name of Person Firm/Company 1939 MORNING STAR DR Address Clermont FL 34714 City/State and Zip Code solutionslbp@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alysson Savio de Oliveira 2057697 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassec, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEP 27 PH 3: 23

CAROLINA WORLD DRIVE 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 L	iability Company were filed o	n <u>09/07/2021</u>	and assigned
Florida document number L21000395909			
This amendment is submitted to amend the foll-	owing:		
A. If amending name, enter the new name o	f the limited liability compar	ny here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company,"	the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	ROX)		
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or ragent and/or the new registered office addresses		our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	ALYSSON SAVIO DE OLI	VEIRA	
New Registered Office Address:			
	Ente	r Florida street address	
		, Flori	da Zip Code
Non Danistanad Apart's Signature if sharping I	City		Zip Code
New Registered Agent's Signature, if changing l			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete performand stered agent as provided for registered office address, I l	ce of my duties, and in Chapter 605, F.:	I am familiar with and S. Or, if this document is
	If Changing Registers	ed Agent, Signature of N	lew 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:

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address 21 SEP 27 PM 3: 23	Type of Action
AMBR	CAROLINA VIEIRA DE MAGAL		~ · · ·
			□ Remove
			□Add
		□Remove	
			☐ Change
			□Add
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			OC.

nom Caronne vi	ieira de Magalhaes to Carolina Vieira de Magalhaes. Their names wore typed wrong when: 23
the request to sta	rt the company were made on Sunbiz. Thank you.
	
	
	
an effective date is listed lote: If the date insert	er than the date of filing:
record specifies a delad	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 22th	Alysson Stavio DE Oliver R.D. Signature of a member or authorized representative of a member