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## **COVER LETTER**

TO: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

WORLD CLASS PARCEL LLC

SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jorgelina G. Marsaglia			
		Name of Person		
	World Class Parcel LLC			
		Firm/Company		
	8411 NW 74TH STREET		. 2	
	MEDLEY, FL 33166	Address	2023 OCT 3 <sup>7</sup>	
	YOYI@WCS-US.COM	City/State and Zip Code	PH 4: 32	
	E-mail address: (	to be used for future annual report notif	ication) mos	
For further information of	concerning this matter, please c	all:	32 1	
Jorgelina G Marsaglia		786 4879583		
Name c	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 Addres</u> Registration		<u>Street Address:</u> Registration Sec	tion	
Division of Corporations		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD CLASS PARCELLLC

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Comp.  Plorida document number	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability 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	2	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered officent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ce address on our records, <u>enter</u>	m N
	FI	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent and a provisions of all statutes relative to the proper and complete the obligations of my position as registered agent obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	agree to act in this capacity. I fu lete performance of my duties, at as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
If (	Changing Registered Agent, Signature of	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
VP	Edgar david duarte Chavez	8411 NW 74TH STREET	_
		MEDLEY FL 33166	<b>≣</b> Add
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			□Change
			□Add
			□Remove
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Effective date, if other than the difference date is listed, the date must be Note: If the date inserted in this blockdocument's effective date on the Dep	ck does not meet the applica	o date of filing or morable statutory filing	(optio re than 90 days after t requirements, this	filing.) Pursuant to 605.0	)207 ( d as tl
		ne, at 12:01 a.m. or	the carlier of: (b)	The 90th day after t	the
	date, but not an effective tii				
rd is filed. OCTOBER 23	2023	_	$\Omega$		
d is filed.  OCTOBER 23 Dated	2023	(D)			
Dated	2023	(D)	f a member		