3 0049 A D (Requestor's Name) (Address) 500392245845 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 00 CC 12 -1 CC -0, - **25, 30 ī (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status RECENTER 2022 AUG-9 AMII:08 TALLAHAUSEE FLORI Special Instructions to Filing Officer: 2022 ACC - 9 ATTI: 38 ••• Office Use Only • 4 81912022

COVER LETTER

TO: Registration Section Division of Corporations

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:

BARBARO GORDECH

Name of Person

BAFBARO GORDECH CORONA LL.C

Firm/Company

27941 SW 132 CT HOMESTEAD FL 33032

Address

HOMESTEAD FL 33032

City/State and Zip Code

WORLDTRUCKINGSERVICESLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARO GORDECH CORONA

Name of Person

305 5489325 at (_____) ____

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| BARBARO GORDECH CORONA LLC | | 2022 AUG - 9 AMMI: 38 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) lability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on <u>11/25/2021</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| VER AUTO TRANSPORTINGELC USA AUTO transp | portingllc | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 27941 SW 132 CT HOMESTEAL | D FL 33032 |
| (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u> | 27941 SW 132 CT HOMESTEAE | 0 F1. 33032 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : | ddress on our records, <u>enter the</u> Enter Florida street address | e name of the new registered |
| | , Floric | |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| D. | If amending any other | information, enter | r change(s) here: | (Attach additional sheets, | if necessary.) |
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| (lf an e | tive date, if other than the date of filing: |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| docui | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. |
| f the reco ecord is f | rd 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 filed. |
| Datec | 08/02/2022 |
| | Good A |
| | Signature of a member or authorized representative of a member |

BARBARO GORDECH CORONA

Typed or printed name of signee