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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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		<u>.</u>
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l Copies	_ Certificate	s of Status
al Instructions to	Filina Officer:	
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

WE ABA WORLD HEALTH SERVICES LLC

ECT:			
	Name of Lam	ted Liability Company	
enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing	
ise return all correspo	ndence concerning this matter t	to the following:	
		HANA M, DIAZ TAM	
		Name of Person	
		Firm/Company	
	18 NW 33RD TER		
		Address	
	CAPE CORAL FL 33993		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	·
	lianadiaz115@gmail.com		
	E-mail address: (t	to be used for future annual report not	(fication)
further information o	oncerning this matter, please or	ill:	
na M Diaz Tam		239 214-4875 at () Daytin	
Name o	f Person	Area Code Daytin	ne Telephone Number
dosed is a check for d	ne 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)

Mailing Address:
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

WE ABA WORLD HEALTH SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Flonda i	anuled Liability Company)	
Articles of Organization for this Limited Liability Co	ompany were filed on 10/28/2022	and assigned
amendment is submitted to amend the following:		
amending name, enter the new name of the limit	ed liability company bere:	
w name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC	2" or the abbreviation "L.L.C."
r new principal offices address, if applicable:		
<u>cipal office address MUST BE A STREET ADDRI</u>	ESS)	
		2025 SEC
		ALL NO
r new mailing address, if applicable:		2022 NOV +7 SECRETARY TALLAMAS
ling address MAY BE A POST OFFICE BOX)		7 × × × × × × × × × × × × × × × × × × ×
		OF ST
amending the registered agent and/or registered t and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address		
	Enter Elorida street addre.	(t
	FI	orida
Registered Agent's Signature, if changing Registered	•	<i></i>
		and the second s
thy accept the appointment as registered agent a sions of all statutes relative to the proper and co- or the obligations of my position as registered ago of filed to merely reflect a change in the registered bany has been notified in writing of this change.	mplete performance of my duties, a ent as provided for in Chapter 605,	nd Lam familiar with and F.S. Or, if this document is
	II Changing Registered Agent, Signature	of New Registered Agent

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

R = Manager

3R = Authorized Member

Name	Address	Type of Action
Liana M Diaz Tam	18 NW 33RD TER CAPE CORAL, FL 33993	\equiv \alpha\dd
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		🗆 🗅 Add
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Filing Fee: \$25.00