

L22000463869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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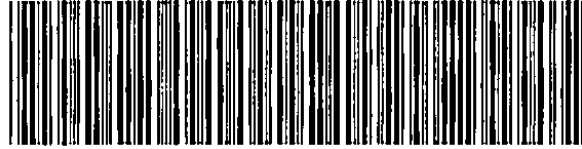
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

**Registration Section
Division of Corporations**

WE ABA WORLD HEALTH SERVICES LLC

SUBJECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing

use return all correspondence concerning this matter to the following:

LIANA 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: (to be used for future annual report notification)

For further information concerning this matter, please call:

ana M Diaz Tam	239	214-4875
Name of Person	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)

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

II Changing Registered Agent, Signature of New Registered Agent

If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If record 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 document is filed.

Dated November 02, 2022



Signature of a member or authorized representative of a member

Liana M Diaz-Tam

Typed or printed name of signee

Filing Fee: \$25.00