L23000453743

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(City/State/Zip/Phone #)			
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COVER LETTER

TO: Registration S Division of Co				
ZAMORA SUBJECT:	WORLD SERVICES LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	ISMEL ZAMORA ALVA	REZ		
		Name of Person		
	ZAMORA WORLD SER	VICES LLC	2023 3E	
		Firm/Company		ì
	218 NE 20TH TER		C -	
		Address		;.
	CAPE CORAL, FL 33909		2023 DEC -1, ANTI: 28 SECRETARY SALES	ì.
		City/State and Zip Code	CO CO	
	ISMELZAMORA16@GM			
	E-mail address: (to be used for future annual report notific	cation)	
For further information of	concerning this matter, please c	all:		
ISMELZAMORA 16@C	SMAIL.COM	239 922-3460 ut ()		
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	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)	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAMORA WORLD SERVICES 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 Liability Company were filed on 10/02/2023 and assigned Florida document number L23000453743 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 218 NE 20TH TER Enter new principal offices address, if applicable: CAPE CORAL, FL 33909 (Principal office address MUST BE A STREET ADDRESS) PO. BOX 152961 Enter new mailing address, if applicable: CAPE CORAL FL, 33915 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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.

City

_, Florida _

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>	Name	Address	Type of Action
MGR	ISMEL ZAMORA ALVAREZ	218 NE 20TH TER CAPE CORAL, FL 33909	
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prio e: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.02 cable statutory filing requirements, this date will not be listed s.
cord specifies a delayed effective date, but not an effective to filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed November 11 , 2023	
Signature of a member or auth	