Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 : (844)449-3624 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ഗ Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WORLD TRADERS USA LLC

Certificate of Status	0
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T. LEMIEUX JAN 2 3 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000027187 3

WORLD TRADERS USA LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) lability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number 1.23000487371	were filed on 10/25/2023	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:	
Banks Wealth Firm LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	11582 SW Village Pkwy, #1297, Port Sai	nt Lucie, FL 34987
(Principal office address MUST BE A STREET ADDRESS)		· · ·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	11582 SW Village Pkwy, #1297, Port Sai	nt Lucie, FL 34987
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address  Florida	FILED  JAN 22 AM II: 40
	Cuy	Zip Code

## 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.

If Changing Registered Agent, Signature of New Registered Agent

## 01/19/24 -02:08PM 5125970678

.9/24-02:08PM 5125970678 18506176383 Pg 3/4 H2400002/18/5 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
AMBR	Napoleon Georgoulias		
			☐ Remove
		11582 SW Village Pkwy #1297 Port Saint Lucie, FL 34987	☐ Change
	<del></del>		□ Add
			☐ Remove
			Change
		_	Add
			□ Remove
			☐ Change
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fective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Deparation	e specific and cannot be prior to c a does not meet the applicabl	date of filing or more th	nan 90 days after filing.) Pr	
		in effective time	e, at 12:01 a.m. on	the earlier o
The 90th day after the record				
record specifies a delayed e The 90th day after the record  ated	d is filed.			

Page 3 of 3

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