Florida Department of State

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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 Fax Number : (844)449-3624

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

Email	Address:							

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BANKS WEALTH FIRM LLC

Certificate of Status	0
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Help

01/26/24 01:15PM 5125970678

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BANKS WEALTH FIRM LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on o mited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Con	pany were filed on 10/25/20)23	and assigned
Florida document number 1.23000487371			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
World Traders USA LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbre	riation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>	SEL	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BON)		AWASSEE. FI	126 H 8:56
3. If amending the registered agent and/or register registered agent and/or the new registered office addres		records, enter the	name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Euter Florida str	eet address	
		Florida	
	Cin:		Zip Code

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

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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>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
	 		D Add
			☐ Remove
		all	☐ Change
			□ Remove
			□ Change
			_ □ Remove
		·····	Change
			□ Add
		******	□ Remove
			☐ Change

D. If amen	Jing any other information	, enter change(s) here: <i>(Attach</i>	additional sheets, if necessary.)
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E. Effective	date, if other than the date	of filing:	(ontional)
(If an effect	ive date is listed, the date must be s	pecific and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) Pursuant to 605.020
Note: If	the date inserted in this block of	oes not meet the applicable statute	ory filing requirements, this date will not be listed a
documen	t's effective date on the Depart	ment of state's records.	
			ctive time, at 12:01 a.m. on the earlier ϵ
(b) The 9	Oth day after the record	is filed.	
		205.4	
Jя	nuary 10	2024	
Dated			
Dated			
Dated	/s/ Napoleon Georgoulias		
Dated	· ·	dure of a member or authorized repres	sentative of a member
Dated	· ·	nure of a member or authorized repres	sentative of a member

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