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## **COVER LETTER**

### TO: Registration Section Division of Corporations

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SUBJECT: ONE WORLDWIDE ENTERPRISES, LLC Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM L. GARCIA
Name of Person
ONE WORLDWIDE ENTERPRISES LLC
Firm/Company
4300 W. LAKE MARY BLVD.
SUITE 1010-253 Address
LAKEMARY FL 32746 City/State and Zip Code
City/State and Zip Code
<u>E-mail address: (to be used for future annual report notification)</u>

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 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

ONE WORLDWIDE ENTERPRISES, L	LC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	onour	reçords.)	
The Articles of Organization for this Limited Liability Company were filed on	5	2024	and assigned
Florida document number <u>L24000063873</u> .			

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 "LLC."

Enter new principal offices address, if applicable:	<u>N</u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	ROBERT BROW	NING
New Registered Office Address:		MARY BLND, STE. 1010-253
	LAKE MARY City	, Florida 32746 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.

pp Kumberley Layne for **Registered** Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	INGRID MARTINEZ	373 PLACID LAKE DRIVE	🗋 Add
		SANFORD, FL 32773	
			Change
AMBR	KIMBERLEM LAYNE	3823 MAIAHI TEE 105	_XAdd
		NAPLES, FL 34112	🗆 Remove
			□Change
			🗆 Add
			🗌 Remove
			🗌 Change
			🗆 Add
			🗌 Remove
			🗌 Change
			🗆 Add
			□Remove
			🗋 Change
	<b>_</b>		🗆 Add
			🗋 Remove
			□Change

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

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If the 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 record is filed.

Dated 6/12 Signature of a member or authorized representative of a member

M Typed or printed name of signee

Filing Fee: \$25.00