

(Requestor's Name)	
(Address)	3004270
(Address)	300727
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	94/03/31011 Re7 6
(Document Number)	
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COVER LETTER

TO:	Registration So Division of Cor			
SUBJE	CT:	MR WORLDW	IDE ROADSIDE LLC	
		Name of Lir	nited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	r to the following:	
		Jimmy A	aguiar	
			Name of Person	, <u></u>
		MR WO	RLDWIDE ROADSIDE LLC	
			Firm/Company	
		2024 SW	82 PLACE	
			Address	
		Miami, Fl	orida 33155	
			City/State and Zip Code	
			ideroadside@outlook.com to be used for future annual report not	(6
For furth	ner information co	ncerning this matter, please c		meanony
	Jimmy Aguiar		at (<u>305</u>) <u>342-580</u> (
	Name of	Person	Area Code Daytin	ne Telephone Number
٥		e following amount:		
S \$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 Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Lia	as it now appea bility Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company w	erc filed on	2/22/2024	and assigned
Florida document numberL24000092667			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company h	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the o	lesignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			21
(Principal office address MUST BE A STREET ADDRESS)			- P
		 .	<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			981 2
-			
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	iress on our r	ecords, <u>enter the nar</u>	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe			

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

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

1MBR	<u>Name</u>	<u>Address</u>	Type of Action
	JIMMY AGUIAR	2024 SW 82ND PL MIAMI, FL 33155	JAdd
			🗆 Remove
			Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe Note:	we date, if other than the date of filing:
e record rd is file	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 ed.
Dated _	April 5 , 2024 .
	Jimmy Aguiar Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00