L24000139100

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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: MED OF business worldwide LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fabian J. Augusto Name of Person
MEN OF business Worldwide LLC Firm/Company
629 bittern Ct Address
Kissimmee F1 34759 City/State and Zip Code
Menof business 24K & Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SUBJECT: MEP OF husiness worldwide LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ### Fabrian Augusto Name of Person Men of business Worldwide LLC
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy
Registration Section Registration Section
Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEN of husiness who (Name of the Limited Liability (A Florida)	Company as it now appears or imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co.	mpany were filed on	3-20-2024 and assigned
Florida document number <u>L 24000139106</u>	<u>.</u> .	
This amendment is submitted to amend the following:		
this amendment is submitted to amend the following: 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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET ADDRE</u>	<u> </u>	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		·
If amending the registered agent and/or registered office address on o ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida s	treet address
	20	, Florida,
	City	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 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
AMBR	Fabian J. Augusto	629 bittern Ct	BAdd
	_	629 bittern Ct Kissimmee Fl 34759	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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an effec <u>ote:</u> 1	ve date, if other than the date of filing:	
record 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 d.	the
nted _	03-29-2024	
	13-29-2014 Takin J August Signature of a prember or authorized representative of a member	