## P190000042362

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	WORLWIDE LIM	IITED INC			
	000042362				
The enclosed Articles of Amend	ment and fee are su	ıbmitted for filin	g.		
Please return all correspondence	concerning this ma	iter to the follow	ring:		
ROBERT	PACHECO				
		Name of Co	ntact Persoi	1	
WORLD'	WORLDWIDE LIMITED INC				
		Firm/ Co	ompany		
1915 SIX	TY OAKS LANE				
<del> </del>	Address				
VERO BI	EACH, FL 32966				
<del></del>		City/ State ar	nd Zip Cod	e	
ropac 14@gmail	.com				
• •	il address: (to be us	sed for future an	nual report	notification)	
For further information concerni	ng this matter, pleas	se call:			
ROBERT PACHECO	at ( <sup>*</sup>	772	480-8769		
Name of Contact Person			Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	ving amount made	payable to the F	lorida Depa	irtment of State:	
	3.75 Filing Fee & tificate of Status	□\$43.75 Fili Certified Co (Additional enclosed)	эру	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

WORLWIDE LIMITED INC	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P19000042362	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	ation:
WORLDWIDE LIMITED INC	The new
name must be distinguishable and contain the word "co"Corp.," "Inc.," or Co.," or the designation "Corp." "In word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZOIP JUN 2 I
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	
	(City) (Zsp Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position.
Signature	of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3 ) Change		_	
Add			
Remove			
4) Change			
Add			
5) Change			_
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

- · · · · · · · · · · · · · · · · · · ·	(Be specific)
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f an amendment provides for an each	ange reclassification or concellation of issued charge
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

	06/04/2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	4/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this locument's effective date on the Di	plock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendm officient for approval.	ient(s)
	proved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
-	(voting group)	
action was not required.  The amendment(s) was/were ad	opted by the board of directors without shareholder action and share opted by the incorporators without shareholder action and shareholder.	
action was not required.	$\wedge$ $\wedge$	
06/04/201 Dated Signature		
(Ву а	lirector president or other officer - if directors or officers have not b	peen
	d, by an incorporator – if in the hands of a receiver, trustee, or other	court
арроп	nted fiduciary by that fiduciary)	
	ROBERT PACHECO	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	