Florida Department of Stage

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To:

THIRD REQUEST

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 WHITE STAR PARALEGAL SERVICES LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

THIRD REQUEST

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHITE STAR PARALEGAL SERVICES L	LC	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 1.21000101193	Company were filed on 03/10/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	<u>ယ</u> ု
<u></u>	Florida _	<u> </u>
	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Worldwide Nominee LLC	·	
			• Remove
			Change
MGR	Samantha Campos	2301 NE 48th Ct.	1 Add
		Lighthouse Point, FL 33064	□Remove
			☐ Change
			DAdd
			Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	
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	date, if other than	n the date of fili	ing:	to date of filing or m	(optioner than 90 days after the	nal) Hing VPursuant to 605 02
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