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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone

Fax Number

: (323)962-8600 : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | |
|-------|----------|--|--|
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:LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WALLY'S NATURAL WONDERS, LLC

| Certificate of Status | 0 |
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D. BRUCE

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Corporate Filing Menu

Help EXAMINER

COVER LETTER

| | ration Section n of Corporations | | |
|-----------------------|--|-------------------|---|
| SUBJECT: W | ALLY'S NATURAL WONDERS, LLC | | |
| | (Name of Limited Liability Company) | | |
| The enclosed Ar | ticles of Amendment and fee(s) are submitted for filing. | | |
| Please return all | correspondence concerning this matter to the following: | | |
| | Dragana Ognenovska | | |
| | (Name of Person) | = | |
| | Legalzoom.com, Inc. (Firm/Company) | II FI | |
| | (rimit.company) | | T |
| | 100 W. Broadway Suite 100 | -2 AR) SSI | |
| | (Address) | | Т |
| | Glendale, CA 91210 | 5 9 7 | ラ |
| | (City/State and Zip Code) | RID RID RID | |
| For further infor | mation concerning this matter, please call: | | |
| Dragana Og | nenovska st (323) 962-8600 | | |
| | (Name of Person) (Area Code & Daytime Telephone Number |) | |
| Enclosed is a che | cck for the following amount: | | |
| \$25.00 Piling | Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified | e of Status & | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

| Name of the I mited Links | S, LLC | D ' |
|--|---|------------------------|
| (A Florid | da Limited Liability Company) | onr records.) |
| | | |
| The Articles of Organization for this Limited Liability | y Company were filed on 11/16/2 | 010 Pand assigned |
| Florida document number <u>L10000119120</u> | | RY OF ■ |
| This amendment is submitted to amend the following | : | M 8: 25 F STATE FLORID |
| A. If amending name, enter the new name of the l | imited liability company here: | D |
| The new name must be distinguishable and end with the "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office a | gistered office address os our r | - |
| Name of New Registered Agent: New Registered Office Address: | | |
| Name of New Registered Agent: New Registered Office Address: | (Enter F | Torida street address) |
| | (Enter F | Torida street address) |
| | (Enter F | · |
| | (City) | , Florida |

(If Changing Registered Agent, Signature of New Registered Agent)

To: Page 5 of 5

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Name</u> | Address | Type of Action |
|--|--|--|
| Jocelyn Gregg | 6007 N. ARMENIA AVE. TAMPA FL 33604 US | Add Remove |
| | | Add Remove |
| | | Add |
| 44.57.77. | | Add Remove |
| ************************************** | | Add |
| | | Add |
| ding any other information, enter c | hange(s) here: (Attach additional sheets, if necesso | ary.) |
| | 7 | Annual Contraction of the Contra |
| | | 11 FEB |
| Walles | Coul Care | ILED -2 M 8: 25 TARY OF STATE ASSEE, FLORID |
| Wallace P Ecenia | | 8: 25 STATE LORIDA |
| | Jocalyn Gragg ding any other information, enter containing any other information and informat | Jocalyn Gragg 6007 N. ARMENIA AVE. TAMPA FL 33604 US Signature of a member or authorized representative of a member |

Page 2 of 2

Filing Fee: \$25.00