## L20000315058

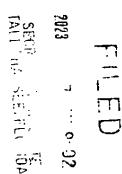
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Division of C					
	NIR WORLD LLC				
SUBJECT:	Name of Linu	ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are subt	nitted for filing.			
	spondence concerning this matter				
	SURESH DODOL				
		Name of Person			
	SOUVENIR WORLD LLC				
		Firm/Company			
	3094 WHITE HORSE CO	URT		7023 SE 1A1	
		Address		- [ <u>. <del>.</del> .</u>	
	KISSIMMEE, FLORIDA,	34746		5. U <sub>1,1</sub> ⊒	i
		City/State and Zip Code		7 0. 32 SEFFL 154	
	savitrnag@gmail.com E-mail address: (	to be used for future annual report notifi	ication) .	ن نے ن غ	
For further informatio	n concerning this matter, please ca	all:		94: 3	
SURESH DODOL		407 632-2970			
Nam	e of Person	Area Code Daytime	Telephone Number		
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	<b>■</b> \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Add Registratio Division of P.O. Box 6	n Section CCorporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUVENIR WORLD LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L20000315058</u>	mpany were filed on SEPTEME	BER 24TH, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1 <sub>S</sub> 2
(Principal office address MUST BE A STREET ADDRE	<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 agent and/or the new registered office address here:	office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		. 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 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:

- <del></del> -	
MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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CENTERS FOR MONETARY	PAYMENTS.	
TO PROVIDE TRANSPORTA	TION AND TOUR SERVICES FOR TOUR	ISTS AND DOMECTIC
PASSENGERS FOR MONETA	RY PAYMENTS.	
		<u> </u>
tive date, if other than the date fleetive date is listed, the date must be 1 If the date inserted in this blockment's effective date on the Depart	e specific and cannot be prior to date of filing or m k does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 60: g requirements, this date will not be list
	date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The oth da fit
ĭled.		
filed. JANUARY 20TH	2023	ķ; 1

Filing Fee: \$25.00