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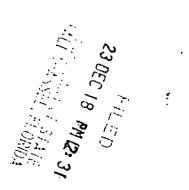
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COVER LETTER

Division of Cor				
	I. SERVICES, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	HELVIA I. MORERA			
		Name of Person		
	JJ ACCOUNTING SERVI	CES, LLC		
		Firm/Company		
	1620 MEDICAL LN, SUF	TE 211		
	 	Address		
	FORT MYERS, FL 33907	7		
		CitwState and Zip Code		
	HELVIA@HACCOUNTIN	GSERVICE.COM to be used for future annual report note	 	
For further information c	n-mail address; to the concerning this matter, please concerning this matter.		neanon	
HELVIA L MORERA		239 297-7590		
Name o	l'Person	at (at Code Daytime	e Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration 5 Division of C		Registration Sec Division of Cor		
D () D.,,, 425	•	Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

WOW POOL SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{\partial C}{\partial t}$	TOBER 15, 2020 and assigned		
Florida document number 1.20000327633	·		3		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liah	oility company he	\$25.1		
WOW 3D, LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	hty Company," the d	esignation "LLC" or the abbreviation "L.L.C"		
Enter new principal offices address, if applicable:		3014 5TH STREET W			
(Principal office address MUST BE A STREET ADDRESS)		LEHIGH ACRES, FL. 33971			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3014 STH STREET W			
		LEHIGH ACRES, FL 33971			
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:				
Name of New Registered Agent:	JJ ACCOUNTING SERVICES, LLC				
New Registered Office Address:	1620 MEDICA	L LN, SUITE 211			
	Enter Florida street address				
	FORT MYERS	;	, Florida ³³⁹⁰⁷		
		City	Zip Code		

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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ALBERTO CADENA	3014 5TH STREET W	
		LEHIGH ACRES, FL 33971	ZIRemove
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f an ell Note:	fective date is listed, th If the date inserted	e date must be speci in this block doe:	ific and cannot be s not meet the a	eprior to date of fili applicable statuto	ng or more than 90 ry filing requiren	days after filing.) Pi ients, this date wil	I not be listed as
docum	nent's effective date	on the Departme	nt of State's rec	cords.			
	rd specifies a delaye	d effective date, b	out not an effect	tive time, at 12:0	l a.m. on the earl	ier of: (b) The 9	0th day after the
d is fi	led.						
	DECEMBER 13		2023				
Dated		-	·	 ·			
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		Signatur	e of a member o	r authorized represe	entative of a memb	ег	

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Filing Fee: \$25.00