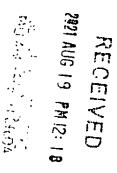
121000256358

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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LALBRITTON





Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/19/2021		₩WALK IN*
ENTITY NAME Love Din	nension LLC	
DOCUMENT NUMBER		
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
P	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	ON	
NUMBER OF CERTIFICAT	ES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #: 12016000007	2
	<u></u>	
Please call Tina at the	e above number for any issues or concerns. Thank you so	much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Love Dimension LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number 1.21000256358		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
K WRLD LLC		
ne new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
nter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Aailing address MAY BE A POST OFFICE BOX)		
Tutting utitiess MAT DE ATOST OFFICE DOAJ		<u> </u>
	-	<u> </u>
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the r</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Elo-ido	
	Florida	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, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:				
MGR =	Manager			
AMBR =	Authorized Member			

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Add
			☐Change
			□Add
			□Remove
			□Change
			\ _Add
			Remove
			□Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing:	Pursuant to 605.0207 (3 will not be listed as the
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The ord is filed.	90th day after the
Dated 2021	
/s/ Nekayla A George Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Nekayla A George Typed or printed name of signee	

Filing Fee: \$25.00