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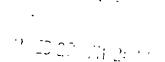


COVER LETTER

TO: Registration Se Division of Cor			
	ORLD OF INVESTIGATION	S LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ndence concerning this matter		
	WISSLINE AUGUSTIN		
		Name of Person	
	YOUR PRIVATE EYE LI	LC	
		Firm/Company	
	10630 N 56th Street #202	A	
		Address	
	TAMPA, FL 33617		
		City/State and Zip Code	
	WAUGUSTIN82@AOL.C		*(C
For further information c	n-mail address: (to be used for future annual report no	ouncation)
WISSLINE AUGUSTIN	·	813 485-4499	
	f Person	at ()	me Telephone Number
. Tunne o	· · · · · · · · · · · · · · · · · · ·	, aca essay	
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (Street Address: Registration S	
Division of C	Corporations	Division of Court The Centre of	
P.O. Box 632 Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SECRET WORLD OF INV	ESTIGATIONS LLC
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(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 Liability Con	npany were filed on 09/14/2021	and assigned
Florida document number L21000406446		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
YOUR PRIVATE EYE LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 of agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□A d d
			□Remove
			Change
			□Add
			□Remove
			□Remove
			□Change
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te: If th	late, if other than to date is listed, the date of date in serted in this seffective date on the	block does not t	neet the applicat	date of filing or notes that date of filing or notes that the statutory filing the statutory	nore than 90 day	(optional) s after filing.) Purs s, this date will r	uant to 605,020 not be listed as
cord spe s filed.	ecifies a delayed effe	ctive date, but no	t an effective tim	e, at 12:01 a.m.	on the earlier	of: (b) The 90th	n day after the
FEB	115th	T REX	2022	<u>.</u> .			
	- Junior MX	1 1/3	member or author	zed representative	e of a member		
	WISSLINE AUGUS	TIN	Typed or printed				

Filing Fee: \$25.00