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COVER LETTER

Division of Cor	rporations		
SUBJECT:W	ACKY WORL Name of Lim	D STUDIOS L ited Liability Company	_, L. C.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vivio	20 Barry Name of Person	<u>. </u>
	<u>wacky</u>	World Studios	L.L.C.
	391 Ro	berts Road	
		Address	
	<u>Oldsm</u>	ar, FL 346	77
	Vivian (© WOCKY WOOLDS! to be used for future annual report notif	77 rudios.com 22
For further information c	oncerning this matter, please ca		\$1 83 E
Vivian Name o	Barry f Person	at (<u>813</u>) <u>818 -</u> Area Code Daytime	- 8 277 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$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)
MAII	IVC ADINDECC.	STREET/COUNT	ED ADDRESS.

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI. 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liability Company were filed on 01/04/2001 and assigned Florida document number <u>L01000000</u>195 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name offithe new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Cin 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>	<u>Name</u>	Address	Type of Action
<u>MGR.</u> Authorize	Tsotsos, Teresa	1422 Sail Harbor Circle	Add
Representa	itive	Tarpon Springs, FL 3465	Remove
			Change
MGR, Vice	Johnson, Karen	5705 Ains Worth Ct.	Add
President, Authorized Representai		Tampa, FL 33647	Remove
lepresenta	tive		Change
			
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an effective date is liste Note: If the date inser ocument's effective of e record specifies The 90th day aff	s a delayed effective	date, but not an	effective time, at	12:01 a.m. o	n the ea	arlier (
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Filing Fee: \$25.00