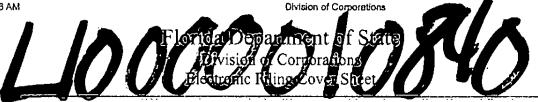
5/3/24, 10:58 AM



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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WOMEN TRAVELING THE WORLD "LLC."

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MAY 0 6 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| WOMEN TRAVELING THE WO                              |   |   |                          |                  |
|---|---|---|--------------------------|------------------|
| (Name of the Lin                                    | ited Liability Como<br>(A Florida Limited | ny sa it now appears on<br>Liability Company) | our records.             | <del></del>      |
| The Articles of Organization for this Limited       | ii<br>Liability Company                   | y were filed on 01/28/                        | 2010                     | and assigned     |
| Florida document number L10000010840                |   | -   |                          | _ 0              |
| This amendment is submitted to amend the fol        | llowing:                                  |   |                          |                  |
| A. If amending name, enter the new name             | of the limited link                       | oility company here:                          |                          |                  |
|   |   |   |                          | •                |
| be new name must be distinguishable and contain the | words "Limited Liabi                      | ility Company," the design                    | ation "LLC" or the abbre | vistion "L.L.C." |
| Enter new principal offices address, if applicable: |   | 11087 CALLUNA I                               | OR.                      |                  |
| Principal office address MUST BE A STREI            | ,   | ODESSA, FL 3355                               | 6                        | <del></del>      |
|   | 9   |   |                          |                  |
|   | ;<br>;                                    |   |                          |                  |
| Inter new mailing address, if applicable:           |   | 11087 CALLUNA I                               | )R                       |                  |
| Mailing address MAY BE A POST OFFICE                | BOX)                                      | ODESSA, FL 3355                               | 6                        |                  |
|   | · · · · · · · · · · · · · · · · · · ·     |   |                          | ~                |
|   | <u>i</u> r                                | •   |                          | 53               |
| 3. If amending the registered agent and/or          | registered office                         | address on our recor                          | ds, enter the name o     | the new registe  |
| gent and/or the new registered office addre         | as nere;                                  |   |                          | · ;              |
| Name of New Registered Agent:                       | DOMINICK D                                | FOITA RTO                                     |                          | <b>ದ</b> ನಿ      |
|   |   |   | <del></del>              |                  |
| New Registered Office Address:                      | 11087 CALLU                               |   |                          |                  |
|   | :   | Enter Florida s                               |                          | မ္               |
|   | ODESSA, FL                                | · · · · · · · · · · · · · · · · · · ·         | , Florida 33556          |                  |
|   |   | 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 | a person being added |
|---|------------|------------------------|---------------------|----------------------|
| or removed from our records:                |            | * ***                  |                     |                      |

MGR = Manager AMBR = Authorized Member

| <u>Title</u>               | <u>Name</u>          | Address                    | Type of Action |
|----------------------------|----------------------|----------------------------|----------------|
| MGR                        | JENNIFER VANDER LIND | 3141 NE 48TH STREET        |                |
| ,                          |                      | LIGHTHOUSE POINT, FL 33064 | ≅Remove        |
|                            |                      | :                          | ☐ Change       |
| AMBR DOMINICK DEQUARTO     | 11087 CALLUNA DR     | <b>≅</b> Add               |                |
|                            | ODRSSA, FL 33556     | □Remove                    |                |
|                            |                      | :                          | Change         |
| AMBR · JACQUELINE DEQUARTO | 11087 CALLUNA DR     | <b>∰</b> Add               |                |
|                            | ODESSA, FL 33556     | □ Remove                   |                |
|                            | ; <del></del>        | ☐ Change                   |                |
|                            | ·                    | □Add                       |                |
|                            | :                    | □                          |                |
|                            | ·                    | Change                     |                |
|                            |                      | ·                          | C] Add         |
| •                          | ·<br>:               | Remove                     |                |
|                            | :                    | □Change                    |                |
| <del></del>                |                      | ;<br>:                     | □Add           |
|                            |                      | :                          | DRemove        |
|                            |                      | •                          | Change         |

| D. If amending any other information, enter  | change(s) here: (Attach additional sheets, if necessary.)  |
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|  |  |
| E. Effective date, if other than the date of filin   | na: (ontional)   |
| (If an effective date is listed, the date must be specific as                                    | nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)   |
| Note: If the date inserted in this block does not document's effective date on the Department of | meet the applicable statutory filing requirements, this date will not be listed as the State's records.  |
| •  |  |
| If the record specifies a delayed effective date, but no   | ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| record is filed.   |  |
|  | ,  |
| Dated May 3  |  |
| و له د د د   | <u> </u>   |
|  | a mambas or authorized surrecentuling of a mambas  |
| Signature of a   | a member or authorized representative of a member  |
| JENNIFER VANDER LIND   |  |
|  | Typed or printed name of signee.   |