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(Re	equestor's Name)	
(Ád	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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(Bu	usiness Entity Name	e)
(Dc	ocument Number)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DISCOVEY My World LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janette Walker Name of Person
DISCOVED WOOV COLL
4410 Evans Ave
New Port Richey FL 34652  City/State and Zip Code  DIS COVEY My World School Ogman. CON  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 8048745  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  S25.00 Filing Fee  \$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status}\$  Certificate of Status  \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Discover	My World LLC
(Name of the Limit	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L. Florida document number	Liability Company were filed on 21913 and assigned
This amendment is submitted to amend the following	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
The new name must be distinguishable and contain the well- Enter new principal offices address, if applic	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and	l/or registered office address on our records, enter the name of the new
registered agent and/or the new registered of	
Name of New Registered Agent:	Janette Walker
New Registered Office Address:	HYLO EVANS Ale  Enter Florida street address
	New Port Puckey Florida 34652

## 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
MGR	Mod. Nicole Nadau	3126 Harvardston Loop	) [] Add
		3126 Harvardston Loof Holiday FL 34691	Remove
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ective date, if other than the date of filing:	
ective date, if other than the date of filing: 3 12+11 effective date is listed, the date must be specific and cannot be prior to date of	(optional) (filing or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this block does not meet the applicable statu	itory filing requirements, this date will not be listed
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an eff	fective time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	ceave ame, at 12101 and on the above
4	
ed March 24 . 2019.	
Signature of a member or authorized repr	resentative of a member

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Filing Fee: \$25.00