L13000114875

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECTS

Worldwide Possum, 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:

Fred Elefant, Esq.

Name of Person

Fred Elefant, PA

Firm/Company

P. O. Box 5727

Address

Jacksonville, FL 32247-5727

City/State and Zip Code

fe@felawjax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred Elefant

904 398-2277 Ext. 202

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

	ORLDWIDE POSSUM			
(Name of the Limited I	<mark>Liability Company as it no</mark> Florida Limited Liability Co	w appears on our records.) ompany)		
The Articles of Organization for this Limited Lia	ability Company were filed	_{d on} August 14, 2013	and assigned	t
Florida document number L13000114875	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability com	pany here:		
Α	WESOME POSSUM	, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabili	ty Company," the designation	"LLC" or the abbrev	viatior
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREE)	ADDRESS)			
			ARC OG	77
			SE N	-
Enter new mailing address, if applicable:			SE 00 ▶	Section 1
(Mailing address MAY BE A POST OFFICE I	<u></u>			1 1 E
			9	
			38 DA	
B. If amending the registered agent and/or registered agent and/or the new registered off		ess on our records, enter	the name of the	<u>e nev</u>
registered agent and/of the new registered of	100 1101 0101			
Name of New Registered Agent:				
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
		Enter Florida street ac	ddress	
		, Florida _		
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Remove Remove

). If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
·	

<u> </u>	
Dated August 21	, 2013
	Aul Eller
	Signature of a member or authorized representative of a member
Fred Elefant	t ^v
·	Typed or printed name of signce

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Filing Fee: \$25.00

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