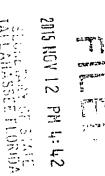
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COVER LETTER

Division of Corporations
SUBJECT: WORLDLYBOX 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:
Maria Veronica Hernandez Name of Person
Worldly Box LLC Firm/Company
880 Tradewinds Bnd Address
Weston/FL 33327 City/State and Zip Code Vhb Professional@gmail. wom E-mail address: (to be used for future annual report notification)
City/State and Zip Code.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria Veronica Hernandez at (404) 580 8994 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

WorldlyBox LLC

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on Octobe	or 27, 2015 and assigned		
Florida document number <u>L150 00 182167</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limi	ned Liability Company," the designation	The state of the s		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)	2 2		
		20 1111		
		55 F. F.		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		cords, enter the name of the new		
Name of New Registered Agent:	·			
New Registered Office Address:				
	Enter Florida street a	address		
	, Florida			
	City	Zip Code		

New Registered Agent's Signature, it 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

Title Type of Action **Address** Name Maria V Hernandez 880 Tradewinds Bend AMBR Weston, FL 33327 US ☐ Change Maria V Hernandez MS. 880 Tradewinds Bend DAdd CEO Weston, FL 33327 US ☐ Change □ Add ☐ Remove _□ Change □ Add <u>□</u> Remove Change, Remove ☐ Change □ Add □ Remove ☐ Change

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n effective date is li	sted, the date must be specific and	d cannot be prior to date	of filing or more than 90) days after filing.) Put		
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	Signature of a	member or authorized	representative of a memb	oer (**)		
	Maria V	1.1	•	<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00