15000183763

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APR 25 2018 J. HARRIS

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	WANDERLUST Name of Lim	8 CREATIONS ited Liability Company	S LLC
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Nico	Name of Person	
		nder lust 8 Creat Firm/Company	70 ~\$
		Vidian Ave #	
, "	MIAMI Be	Cach, FL 33 City/State and Zip Code	0139
	E-mail address: (STAIS BY COLE (to be used for future annual r	a gmail. Com eport notification)
For further information con	cerning this matter, please ca	all:	
Name of P	erson	at (203)	410 -023 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)	Certificate of Status &

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**

(Name of the Limited Liability Cor	Mpany as it now appears or ted Liability Company)				
The Articles of Organization for this Limited Liability Comparing L15000183763.	any were filed on	0/29/2015	ar	nd assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited I: Wander lust Cr The new name must be distinguishable and contain the words "Limited Limited	YSTAIS LLC		bbreviati	on "L.L	C."
Enter new principal offices address, if applicable:			ESA.	n's	
(Principal office address MUST BE A STREET ADDRESS)	ST BE A STREET ADDRESS)	Managere,			
Enter new mailing address, if applicable:				APR 23 AM	Parent Laboratory of the Control of
(Mailing address MAY BE A POST OFFICE BOX)				7,5 CO1 O4	Carrent Carren
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ır records, <u>enter</u>	the n	ame o	of the new
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida	street address			
		, Florida			
	City		Zip	Code	
New Registered Agent's Signature, if changing Registered Age	nt:				

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** Name **Address** Type of Action ☐ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add □ Remove _□ Change _□ Add Remove

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Filing Fee: \$25.00