

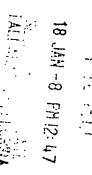
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Essences Entry Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor	ection porations			
SUBJECT:	TAMMA Name of Lin	STRAM CINE	Worldwide	۷ ۷
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter			
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	TA	MMA SW	LLC	
	1077	3 70 th AVE Address	North	
	Sen	simple Pl. 3	3772	
	E-mail uddress:	City/State and Zip Code CD 23 @ COM to by used for future annual report notif	ast vet	
Mike t	opeerning this matter, please of	at (770) 60.	5-9533	
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for th	e 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

TAMMA ST.	rearline Worldwide LLC
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Companies Florida document number	by were filed on 1/6/2016 and assigned and assigned
This amendment is submitted to amend the following:	bility company here:
A. If amending name, enter the new name of the limited lia	bility company here: FOBEX LLE
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Seminole, Fl. 33772
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13818 SW 152nd St. #356 MIAMI, Fl. 33177
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	
Name of New Registered Agent:	MICHAEL Procaccini 10773 70 MAVE NORTH Emer Florida street address
New Registered Office Address:	10773 70" AVE North
	Emer Florida street address eminole Florida 3377>
New Registered Agent's Signature if changing Registered Agent	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

Page 1 of 3

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 = : M AMBR = A	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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an eflecti	ve date is listed, the date	must be specific and	cannot be prio	r to date of film	g or more than 9	(optional 0 days after filin	e) Pursuant to 604	.0207 (3)
ocument	the date inserted in thi 's effective date on th	s block does not re c Department of §	neet the appli State's record	cable statutory s.	y filing require	ments, this dat	e will not be list	ed as the
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Filing Fee: \$25.00