L140000 51186

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/19/17--01004--017 **43.75

2017 JUL 24 PH 2: 38

M. HARRIE

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	ZET US & Name of Limit	SHOW YOU TH	HE WORLD
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	Jence concerning this matter to	o the following:	
	MY.	RA FISCHE	<u> </u>
		Name of Person	
	LET US	SHOW YOU THE	E WORLD
	_		
	1326	BRINKLEY L	
		Address	
	THE V	ILLAGES TL	32163
		City/State and Zip Code PAVEL I PAO o be used for future annual report notific	
	E-mail address: (to	be used for future annual report notific	ation)
For further information con	ncerning this matter, please cal	II:	
MYRA	F150HEL	at (334) 309	6972
Name of I	'erson	Area Code Daytime T	l'elephone 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

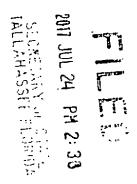


July 12, 2017

MYRA FISCHEL 1326 BRINKLEY LN THE VILLAGES, FL 32163

SUBJECT: LET US SHOW YOU THE WORLD LLC

Ref. Number: L16000051186



We have received your document for LET US SHOW YOU THE WORLD LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Je**ra**a D.Harris .Refulator Specialist II

Letter Number: 417A00014074



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2017

MYRA FISCHEL 1326 BRINKLEY LANE THE VILLAGES, FL 32163

SUBJECT: LET US SHOW YOU THE WORLD LLC

Ref. Number: L16000051186

We have received your document for LET US SHOW YOU THE WORLD LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00012613

PECEIVER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	HE WORLD
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{200000000000000000000000000000000000$	$y \in \mathcal{J}$, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	SSITUL PH 22
(Mailing address MAY BE A POST OFFICE BOX)	වැ. ය
B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here: Name of New Registered Agent:	ur records, <u>enter the name of the new</u>
New Registered Office Address: Enter Florida	street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	<u>Name</u>	Address	Type of Action
MER MGR	GAE JOAN KRAVIT	600 W LAS OLAS BE	VID Add
MGR	KRAV IT	FORT LANDER DALE,	□ Remove
		76 33312	Change
			🗆 Add
			□ Remove
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			□ Add
			Remove
			Change
			□ Add □ Remove
		1	Reprove
		(. (. (**	10 T Add
		3.	Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Effectiv	e date, if other than the date of filing: 6/0//7 (optional)	1	ະດາ
Note: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date were a filtering date on the Department of Statu's records.		
documei	nt's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	n the earli	er
The 9	90th day after the record is filed.		
Dated _	6/28/17		
	Myra Firehal	28 TAI	
	Signature of a member or authorized representative of a member		
	MYRA FISCHEL	IL 24	
	Typed or printed name of signee		i
		FF 2:	;
	Page 3 of 3		

Filing Fee: \$25.00