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COVER LETTER

SUBJECT:	Name of Lim	w Confer Kear	(19, 662)
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_ Sonry	B. Buoncer	vello
	World Pre	view Center Re	alby, LLC
		Firm/Company	
	2641 B	reaker lane. Address	
		Address	
	Kissimn	nee, FL 3470	4
		City/State and Zip Code	
			<u> </u>
	E-mail address: (to be used for future annual report notif	ication) 55
For further information c	oncerning this matter, please ca	all:	ڕؙ
Sonny Bul	Incernello	at (<u>321</u>) 624 -	9777
Name o	f Person	Area Code Daytime	Telephone Number
			•
Enclosed is a check for the	-		
∑ \$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:

TO:

Registration Section Division of Corporations

> 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

The Articles of Organization for this Limited Liability Company v	were filed on	7/19/201	7 and assigned
Florida document number <u>L1700015473</u> 7		<i>-</i>	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		/_	
		/	5.7.
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	-	/	
		/	<u> </u>
			••
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our	r records, <u>enter</u>	the name of the n
The state of the s	•		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida și	Some addresses	
	1,5110, 1 10,1111,		
	City	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent:	``/		247 (

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

company has been notified in writing of this change.

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

<u>Title</u> Name 1 Address Type of Action Jorge E Espinosa 2800 Swoop Circle. WAdd MGR Kissimmee, FL 34741 Remove Change □ Add ☐ Remove □ Change □ Remove ☐ Change □.Add ☐ Remove _ Change □ Add ☐ Remove □ Change _□ Add ☐ Remove _□ Change

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Tective date, if other that an effective date is listed, the da ote: If the date inserted in to ocument's effective date on	te must be specific and ca his block does not mee	nnot be prior to date of the the applicable statut	iling or more than 90 da	(optional) ys after filing.) Pursuant to 6 its, this date will not be fi	
e record specifies a del The 90th day after the		e, but not an effe	ective time, at 12	:01 a.m. on the ear	lier o
ned Sept.	21	2018		7	
	Signature of mer	mber or authorized repre	Sentative of Thember		
	enny B		ruella		

Page 3 of 3

Filing Fee: \$25.00