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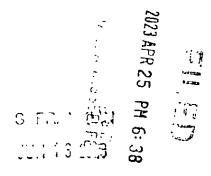
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COVER LETTER

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	ion Section of Corporations				
	ROWSER LIMITED LIABILITY	COMPANY			
SUBJECT:	Name of L	imited Liability Company			
The enclosed Artic	les of Amendment and fee(s) are s	ubmitted for filing.			
Please return all co	rrespondence concerning this matter	er to the following:			
	WILFRANDE JEAN CI	HARLES			
		Name of Person			
		Firm/Company			
	4107 PALM BAY CIR Z	A			
		Address			
	WEST PALM BEACH FL 33406				
		City/State and Zip Code			
	WILLY_BILLOW@YAI				
		s: (to be used for future annual report notification)			
For further informa	ntion concerning this matter, please	call:			
WILFRANDEJC	HARLES	561 951-4097 at ()			
	Same of Person	Area Code Daytime Telephone Number			
Enclosed is a check	k for the following amount:				
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing A Registra	address: tion Section	Street Address: Registration Section			
_	of Corporations	Division of Corporations			
P.O. Box	x 6327	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JW BROWSER LIMITED LIABILITY COMPA	NNY	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on and assi	gned
Florida document number L17000178677		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
W BROWSER LLC	2	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbrevation "L.I.	C'.''
Enter new principal offices address, if applicable:	APR T	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal office address MUST BE A STREET ADDRES	SS)	c Es
		' }
Enter new mailing address, if applicable:	71: 3 8	
Mailing address MAY BE A POST OFFICE BOX)		
Maning dualess man DE 11 051 01 11CE 110A)		
	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the new	regis
gent and/or the new registered office address here:	and address on our records energy the name of the new	1051
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City . Florida Zip Code	
	City 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 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>	<u>Name</u>	Address	Type of Action
MGR	OBED SAGET	1719 15TH AVE N, LAKE WORTH FL 33460	= Add
		4	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than t (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	s block does not meet the a	pplicable statutory filing requirem	
ne record specifies a delayed effectord is filed.	ctive date, but not an effect	ive time, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
Dated 4/19	2023		

Typed or printed name of signee