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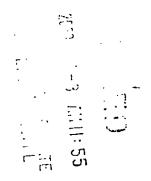
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COVER LETTER

TO:

	Registration Sec Division of Corp						
SUBJEC	Т:	Wor	ld Views				
		Name of Lim	ited Liability Company				
The enclo	sed Articles of A	mendment and fee(s) are sub	mitted for filing				
Please ret	urn all correspon	dence concerning this matter	to the following:				
			Tiffany Simmor	ns			
			Name of Person			• :	
			World Views L	LC	· · · · · · · · · · · · · · · · · · ·	<u></u> . ش	
			runvCompany			Ξ:	•
			7118 Davar	ave		-: :	
			Address		(-)	<u>ين</u>	
			Orlando, FL, 32810) r::::
			City/State and Zip Code		-		
		li muludhace t	Worldviewsllc@gm to be used for future annual re				
For furthe	r information co	neerning this matter, please c		дан поонханет)			
	Tiffany	Simmons	at (407)	595-0607			
	Name of		Area Code	Daytime Telepho	one Number	•	
Enclosed	is a check for the	: following amount:					
□ \$25.0	0 Filing Fee	€ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is)	tatus &	
I	Mailing Address Registration So	ection		tion Section			
	Division of Co P.O. Box 6327			of Corporatio tre of Tallahas			
	Fallahassee, F		2415 N.	Monroe Street see, FL 32303	t, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	rld Views LLC		
(Name of the Limited L (A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L18000020096</u>	ity Company were filed on	1-23-2018	and assigned
This amendment is submitted to amend the following	og:		.a
A. If amending name, enter the new name of the	limited liability company h	ere:	1
W	orld Views LLC		1
The new name must be distinguishable and contain the words		fesignation "LLC" or the abbi	eviation, "L.L.C."
Enter new principal offices address, if applicable	:		The state of the s
(Principal office address MUST BE A STREET A	DDRESS)		<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ecords, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
_		, Florida	
_	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 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
<u>Manage</u> r	Keail L Simmons	7118 Davar ave	□Add
		Orlando, FL 32810	₹ iRemove
			Change
			S□Add
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	<u></u>
Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	than 90 days after filing.) Pursuant to 605.0207 equirements, this date will not be listed as
the record specifies a delayed effective date, but not an effective tim) The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of
Dated 4-28-2023	a mainth ar
Signature of a member or authorized representative of Signature of Sig	a incrnoct

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Filing Fee: \$25.00