L18000024256

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

endhezer.	MFI WEB.	LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Kristopher Howard		
			Name of Person	
			Firm/Company	
	7512 Dr. Phillips Blvd., Suite 50-163			
			Address	
		Orlando, FL 32819		
		kristop@carthlink.net	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further ir	iformation co	oncerning this matter, please ca	all:	
Kristopher F			716 474-8094 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iting 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

(<u>Name of the Limited Liability Co</u> (A Florida Lio	ompany as it now appears on our re nited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000024256</u> .	pany were filed on 01/26/2018		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
World Media Brands LLC			
The new name must be distinguishable and contain the words "Limited"	Liability Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		_	
Principal office address MUST BE A STREET ADDRES.	<u></u>		_ ~ -~-
		;- <u>;</u> ;,	7021 TOY
			5 m
Enter new mailing address, if applicable:		المارة مارة	8
Mailing address MAY BE A POST OFFICE BOX)		in=0 in:	≥ 177
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_	<u> </u>	10-2-	2
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		cords, <u>enter th</u>	e name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	iddress	
		Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MELWER LLC

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

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			
			□ Remove
			Change
			Add
			Remove
			□ Change
			☐ Remove
			□ Change
			☐ Remove
			Change
			☐ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
(It an e Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o e 90th day after the record is filed.
Dated	November 5th 2021 Sustant Aware
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00