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COVER LETTER

TO: Registration Solivision of Co			
SUBJECT: ONE	World OF Wor	NOER LLC. ed Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ondence concerning this matter to	o the following:	
	EMANUEL ONE WORL 14 FAIRWA ROTONDA W E-mail address: (to	Firm/Company Address	
For further information of	E-mail address: (to concerning this matter, please cal		nt notification)
EMANUEL	CHIUCHIOLO of Person	at (941)	830. 4/37 Daytime Telephone Number
Enclosed is a check for t	he 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE WORLD OF WOME	DER, LLC.
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	8: 6
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	• • •
Enter new principal offices address, if applicable:	3740 NORTH ACCESS ROAD
(Principal office address MUST BE A STREET ADDRESS)	3740 NORTH ACCESS ROAD ENGLEWOOD, FL 34224
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3740 MORTH ACCESS ROAD ENGLEWOOD, FL 34224
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	VEL CHIUCHIOLO
New Registered Office Address: 14 FAI	RWAY RD. Enter Florida street address
	OA WEST, Florida 33947 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.

f Changing Registered Agent sit mature 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>	<u>Name</u>	Address	Type of Action
AMBR	Little, Lew		□ Add
	·	109 VENICE RD NOTONDA WEST, FL 33947	Remove
			□Change
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lf an effec <u>Note:</u> I	re date, if other than the date of filing: 1-31-20 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not'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. on the earlier of 90th day after the record is filed.
The 9	1.15.20
The 9	1. 15. 20 Shicks Company Comp