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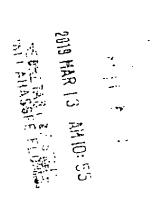
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COVER LETTER

TO: Registratio Division of	n Section Corporations	2
SUBJECT:	WIDE World LLC Name of Limited Liability Company	BIS TAR TO THE OUT OF
	Name of Elimied Clability Company	要なる。
The enclosed Article	s of Amendment and fee(s) are submitted for filing.	
Please return all corr	espondence concerning this matter to the following:	
	ALGREEN AINS(EY Name of Person	-
	Wide world LLC Firm/Company	-
	3700 Delancere (+	_
	Orlando, FL 32808	_
	City/State and Zip Code algreen - line ley a al. Com E-mail address: (to be used for future annual report notification)	
For further informati	on concerning this matter, please call:	
ALGREEN Na	AINS/EY at (407) 715 - 7597 me of Person Area Code Daytime Telephone Number	r
Enclosed is a check f	or the following amount:	
☑ \$25.00 Filing Fed	Certificate of Status Certified Copy Certifica (additional copy is enclosed) Certified	ite of Status &

MAILING ADDRESS:

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

Wide ur	orld LLC	10000000000000000000000000000000000000
(Name of the Limited Lial (A Flor	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>LI8000219478</u>	Company were filed on 9/1	4/2018 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
B. If amending the registered agent and/or registered agent and/or the new registered office a	•	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	treet 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALGREEN AINSLEY	3700 Delamen et Orlando 1. 32808	<u>∠</u> ⊌Add
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			Change
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ument's effecti	ve date on the	Department of	f State's record	ds.				
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	<u></u>	Signature of a	a member or au	thorized represe	entative of a me	mber		_

Page 3 of 3

Filing Fee: \$25.00