119000 160246

| (Page | uestor's Name) | |
|----------------------------|-------------------|--------------|
| (кечі | Jestoi s Ivaille) | |
| (Addr | ess) | |
| | | |
| (Addr | ess) | |
| (City/ | State/Zip/Phone | <u> </u> |
| (Oity) | OBIO/EIPH NONC | • "') |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Busi | ness Entity Nan | ne) |
| | | |
| (Doci | ument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to Fi | ling Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500344572965

05/18/20--01015--014 **25.00

2020 HAT 18 PH 5: 2

O SIMMC.

COVER LETTER

| 10: Registration Section Division of Corporations | | |
|---|---|----------------------|
| SUBJECT: World'S | Team Media LLC | |
| | Name of Limited Liability Company | |
| | | |
| The enclosed Articles of Amendme | nt and fee(s) are submitted for filing. | |
| Please return all correspondence co | neeming this matter to the following: | |
| | Aaron Barry Name of Person | |
| | Firm/Company | |
| <u> 4</u> | We Eastgate Dr. Apt 3529 | |
| | rlando, Florida 32839 City/State and Zip Code | |
| | HARONKBARRY & G.M.A.L. Com E-mail address! (to be used for future annual report notification) | |
| For further information concerning | this matter, please call: | |
| AARON BARRY Name of Person | at (Z14) 608-3391 Area Code Daytime Telephone Number | |
| Name of Person | Area Code Daytime Telephone Number | |
| Enclosed is a check for the following | g amount: | |
| | 00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | of Status & - ppy |
| Mailing Address: Registration Section | Street Address: Registration Section | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

| Waste Ton Madi | . /./.C. | 2020 HAY 18 PN 5: 20 |) |
|---|--|------------------------------------|-----------------------|
| (Name of the Limited Liability C. (A Florida Lin | Company as it now a mited Liability Comp | uppears on our records.) | : |
| The Articles of Organization for this Limited Liability Com | npany were filed c | on Sune 18, 2019 | and assigned |
| Florida document number <u>L19000100 246</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited U.S. Handyman Serv | | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company. | " the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | | <u> </u> |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on o | our records, <u>enter the name</u> | of the new registered |
| Name of New Registered Agent: | <u> </u> | | |
| New Registered Office Address: | · | | |
| | Ente | er Florida street address | |
| | 2/11- | Florida | 7: 7: 1 |
| | 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 = M AMBR = A | anager uthorized Member | | - | *1 · · · · · · · · · · · · · · · · · · · | |
|---------------------|----------------------------|----------------|--|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | 2020 HAY 18 | | Type of Action |
| | | - | • . | 117 | □Add |
| | | | · · · · · · · · · · · · · · · · · · · | · . | □Remove |
| | | | | | □Change |
| | | | | | 🗆 Add |
| | | · - | | | Remove |
| | | | | ·, | □Change |
| | · | | | , L | |
| | | | ······································ | | □ Петюче |
| | | | | | □Change |
| | | | | | □Add |
| | | | | | □Remove |
| | | | | | □Change |
| | | | | | □∧dd |
| | | | | | □Кепюче |
| | | | | | DChange |
| <u></u> , | | | | | |
| | | | · | | ПRетюче |
| | | <u></u> | · · · · · · · · · · · · · · · · · · · | | □Change |

Page 2 of 3

| | 2020 HAY 18 PH 5: 20 |
|---------------------|---|
| | 1 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| _ | |
| _ | |
| | |
| effec <u>te:</u> | date, if other than the date of filing: |
| The 9 | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Ith day after the record is filed. |
| ted _ | May 15 ZoZo. Aaro Barry Signature of a member or authorized representative of a member |
| | Daron Brown |
| | _ |
| | AARON PARRY Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00