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COVER LETTER

TO: Registration Se Division of Cor			
GALD IN CID	Alanmahliss M	Vorldwide LLC	
SUBJECT:	Chambliss W	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Av	Fred Chambliss	
		Traine of Factor	
	Cha	embliss Worldwig	de, CC
	4309	1 Campus Hills Ci	rcle
	Jack	sonville, FL 32218 City/State and Zip Code	
	_	unbliss @yahco. Co)rication)
For further information c	oncerning this matter, please ca	all:	
Alfred Cha		at (904) 2293	538 e Telephone Number
Name o	i reson	Area Code Dayuma	e reseptione Number
Enclosed is a check for the	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 Addres		Street Address:	
Registration S		Registration Sec Division of Cor	
Division of C	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Chambliss	Worldwide,	LCC AMII: 54
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on mited Liability Company)	our records.) ETARY OF STATE.
The Articles of Organization for this Limited Liability Con-	pany were filed on Apr	18, 2021 and assigned
Florida document number <u>L 2000 141140</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	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 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	ffice address on our recor	ds, enter the name of the new registers
agent and/or the new registered office address here:		asi anter the mane of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	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 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	Lewis-Chambliss, Ashia	4309 Campus Hills Circle □Add Lactsonvue, FZ 32218 XRemove			
	710000	Lacksonvue, FZ 32218	XRemove		
			□Change		
			□ Add		
			□Remove		
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fective date, if other t	han the date of fi	iling:		(opti	anal)	
in effective date is listed, the ote: If the date inserted incurrent's effective date of	date must be specific in this block does in	e and cannot be prior not meet the applic	able statutory filin	ore than 90 days after	filling.) Pursuant to 605	
ecord specifies a delayed is filed.	effective date, but	not an effective ti	ime, at 12:01 a.m.	on the earlier of: (b) The 90th day afte	r the
acd April 16	$\overline{\Omega}$. 2021	<u></u> .			
			orized representative			
	Charolina c	at a mamber or outb	orized representative	of a member	-	
	Signature	or a member of auth	orb.ed representative	or a memori		

E3: E 625.00