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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
	 	
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Secti Division of Corpo			,	
SUBJECT:	JOSh World Ent Name of Limi	er pr 1585 Cented Liability Company	. •	<u> </u>
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.		
Please return all correspond	ence concerning this matter t	o the following:		
	Darque	Was hmg	fon	
	Washh	Orld Enterpr Firm/Company	irs LLC	
	4255 N Uni	Address Al	pt 206	
	Sinrise, FL	23357 City/State and Zip Code		
	E-mail address: (to	o be used for future annual r	eport notification)	
For further information cond	cerning this matter, please ca	11:		
Darius Wash	Anglon	at (<u>786</u>) <u> </u>	Daytime Telepho	/ ne Number
Enclosed is a check for the f	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)
54.95 A 11		C		

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

	interrises LLC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	•
This amendment is submitted to amend the following:	P. 1. 3. 3. 3.
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1 Apt 206 Sunrise, FE 33351
(Principal office address MUST BE A STREET ADDRESS)	1 Apt 206 Sunrise, FL 33351
Enter new mailing address, if applicable:	425A N University Dr
(Mailing address MAY BE A POST OFFICE BOX)	4256 N University Dr Apt 206 Suncsey FL 33351
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: DG Cru	is Washington
New Registered Office Address: 4255	N University Dr Apt 206 Enter Florida street address
<u>Sur</u>	City: Se , Florida 3335 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Darrus Washington	4255 N University Dr Aprodus	<u>o</u> ⊠Add
			□Remove
AMBR	T.CC M.	4256 N University Dr April 206 Sunrise, FL 33351	z_ ⊡Change
Marie Control	Taffany Mckenzie		≠ □Add
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