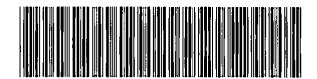
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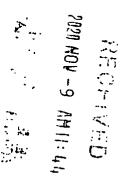
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Registration Section

Div	ision of Corporatio	ns	·	
JECT:	WORID	CHANGERS	CLEANING	COMPANY LLC
		Name of Limited Liab	ility Company	•
enclosed	d Articles of Amendr	ment and fee(s) are submitted for	or filing.	
se returi	all correspondence	concerning this matter to the fo	ollowing:	
	¢	hristopher W	uche	

	Christopher	wyche	
		Name of Person	
	Firm/Company 407 South Main St Address Havana Fl 32333 City/State and Zip Code WWW.World Changers Cl. Com E-mail address: (to be used for filture annual report notification) primation concerning this matter, please call: at (850) Name of Person at (850) Area Code Daytime Telephone Number heck for the following amount: ing Fee \$\Bigcirc \$30.00 Filing Fee & \$\Bigcirc \$55.00 Filing Fee & \$\Bigcirc \$60.00 Filing Fee,		
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arther information con	acerning this matter, please ea	all:	
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sed is a check for the	following amount:		
25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

VIORID CHANGERS CLEANING COMPANY LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company	were filed on <u>SeP</u> 4	ember 10,2020 and assigned
ida document number <u>L 20000 276 988</u>		
amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	lity company here	
ew name must be distinguishable and contain the words "Limited Liability	ty Company," the design	hation "L.L.C." or the abbreviation "L.L.C."
r new principal offices address, if applicable:		
ncipal office address MUST BE A STREET ADDRESS)		
r new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office a and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our reco	ords, enter the name of the new registered
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	Zip Code
tegistered Agent's Signature, if changing Registered Agent:		
by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete the obligations of my position as registered agent as posited to merely reflect a change in the registered office any has been notified in writing of this change.	performance of m provided for in Cha	w duties, and I am familiar with and appeter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

;K =	Manager	
IBR =	Authorized	Member

<u>!e</u>	Name	Address	Type of Action
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rd specifies a delayed lied.	l effective date, but no	ot an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after th
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