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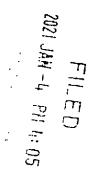
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COVER LETTER

то:	Registration Se Division of Cor						
SUBJE	Pauline's W						
SUBJE	<u> </u>	Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	cturn all correspo	endence concerning this matter	to the following:				
		Pauline LaSane					
			Name of Person	***************************************			
		Pauline's World, LLC					
			Firm/Company				
		9721 Doriath Circle					
		Address					
		Orlando/FL and 32825					
		City/State and Zip Code					
		plasane@outlook.com					
		E-mail address: (to be used for future annual report notification)					
For furtl	her information c	oncerning this matter, please c	all:				
Pauline	LaSane		407 399-1825 at ()				
	Name o	f Person		e Telephone Number			
Enclose	d is a check for th	ne 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	is:	Street Address:				

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

Pauline's World, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 09/24/2020	and assigned
lorida document number L20000301413		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2002
		- 4
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ED PH
		Q
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	ddress on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		··
	Enter Florida street address	
	, Flor	ida Zin Code
	City .	гір Сойе

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
MGR	Bruce LaSane		□Add
		9721 Doriath Circle, Orlando, FL 32825	■ Remove
			Change
			□Add
			□ Remove
			Change
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			□Add 2 □ Remove
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		<u></u>	☐ Change
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			Change

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