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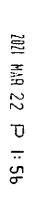
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lark Worldw	ide UC
Name o	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Tiffany	Name of Person
Lark E	FUDILITION INC
13231 P	Phoenix DRIVE
Orlando	FL 32828 City/State and Zip Code
tiffmack & E-mail addr	B2 D9Mail, Compess: (bbo ased for future annual report notification)
For further information concerning this matter, plea	ase call:
THANY N. Tate	at ($\frac{401}{\text{Area Code}}$) $\frac{310 - 7126}{\text{Daytime Telephone Number}}$
Enclosed is a check for the following amount:	Qs)
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Statu	certified Conv Certificate of Status &
Commente of State	(additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)
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

Cark Wordwide UC (Name of the Limited Liability Company)	as it now appears on our records.) bility Company)
(A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on $02/10/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	in the state of th
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete parcept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familian with and ovided for in Chapter 605, F.S. Or, if this docum en is

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 = Manager AMBR = Authorized Member Title Name **Address** Type of Action 13231 Phoenix Drive DAdd Ronnie Lark Hany Tate 2215 A Pache DAdd Glendate AZ 85307 XIREMOVE __ _ Change __ ___ □Remove ____ _ _ __ __ Change <u>o</u> Change bbA□

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Filing Fee: \$25.00