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COVER LETTER

TO: Registration 5 Division of Co			
SUBJECT. World	d in a Glass Bott	le LLC	
State .		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Lake Popp		
		Name of Person	
	World in a GI	Firm/Company	
		Firm/Company	
	78 Marina	Ave	
		Address	
	Kan Lera	FL 33037	
	They barryon	FL 33037 City/State and Zip Code	
	Cloudshado	w 3131@aol.com	
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Lake Pop	קו	at (305) 923 ~	6704
Name	of Person	Area Code Daytin	6764 Telephone Number
Enclosed is a check for	the following amount:		> -
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	ation
Registration Division of	Section Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World in a Glass Bottle LLC

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L 2 / 000 / 3 6 / 5 9</u>	mpany were filed on March 23, 20	2 / and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered	office address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:	·	
Name of New Registered Agent:		2
New Registered Office Address:	Enter Florida street address)
	. Florida	ב
	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
MGR	Robert Foley	40 High Point Rd B-102 Apt 34 Tavarnair FL, 33017	Add
			Change
		****	□Add
			□Remove
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the d is filed.	e earlier of: (b) The 90th day after the
lated May 20 2021	
,	
Oated May 20, 2021. Signature of a member or authorized representative of a re-	

• • •

Filing Fee: \$25.00