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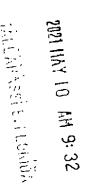
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(Business Entity Name)
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

то:	Registration Section Division of Corporations					
SUBJE	CT:	World	Wide. Name of Lim	Vending Li	1-C-	
The enc	losed Articl	es of Amendment	and fee(s) are sub	mitted for filing.		
Please re	ctum all coi	rrespondence conce	erning this matter	to the following:		
			Deange	10 Malpress		
		<del></del>	World	Wide Vendin	y LLC	
			1198 1	AUTEN OAK	Len	
			Jacks	City/State and Zip Code	3222]	
			E-mail address (	to be used for future annual report notifi	cation)	
For furth	ner informa	tion concerning thi	s matter, please ca	all:		
De	<u>ang</u>	ame of Person	1press	at (904) 739 Area Code Daytime	0286 Telephone Number	
Enclose	d is a check	for the following	amount:			
E ₹ \$25	.00 Filing I		Filing Fee & ficate 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 A			Street Address:	.·	
	_	tion Section of Corporations	e	Registration Section Division of Corp		
	P.O. Box	•	,	The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World W	l'de Vandina LLG
( <u>Name of the Limited Lia</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on 4/01/21 and assigned
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	.imited 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 AD)	
	H 9: 32
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	red office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida
	contract the contract to the c

## 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>	Name AMBR	Address	Type of Action
MFR	TAWANNA Williams	11198 Louren DAX LI	^_ □Add
		Jox FL 32221	91 <sup>N</sup> Elemove
	М С	AMBR Authorized min	(DChange
MLR	Manager Deinnelo Milpriss	11198 Loven Oak Line	_ DAdd
	•	Jax Fl 32221	□Remove
			🗆 Change
			2021 HAY
		ALC PHASSIC CERMIDS	Remove
			Change
		NO P	 32 □Add
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