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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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· COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Oh WOWW Cycotions LLC. Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Lea Carcen Name of Person |
| Ohwoww Creations L.C. |
| 4895 Bellridge Jane Apartment 201 |
| Pace, Flurida 32571 City/State and Zip Code |
| E-mail address: (to be used for future artifual report notification) |
| For further information concerning this matter, please call: |
| Lea Green at (850) 375 4438 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ✓\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Registration Section |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Oh WOWW Creations | LLC. | |
|--|--|------------------------|
| (Name of the Limited Liability Compa (A Florida Limited) | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L2100023 2985</u> | were filed on 05/19/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | (O LLC. | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 4895 Bellvidge 1 | |
| (Principal office address MUST BE A STREET ADDRESS) | apt 201 | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| • | | ET 7 11-2 |
| P. If amonding the market of the state of th | | 7 |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: | ddress on our records, <u>enter the nar</u> | ne of the new register |
| | | が 13 |
| Name of New Registered Agent: | | ?: |
| New Registered Office Address: | | r3 |
| | Enter Florida street address | ····· |
| | , Florida | |
| New Registered Agent's Signature if changing Degistered Agent. | City | Zip Code |

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 th 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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| lf an effec Note: I | e date, if other than the date of filing: | !07 (: as tì |
| record d is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after td. | 1e |
| Dated _ | 0512712021 | |
| | Signature of a member or authorized representative of a member | |
| | | |