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2021 DEC 10 MII: 39
SECULVEY OF STATE

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COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	Waynes Wales Worlds LLC. Name of Limited Liability Company	
The enclosed Articles of A	nmendment and fee(s) are submitted for filing.	
	· · · · · · · · · · · · · · · · · · ·	
Hease return all correspon	Idence concerning this matter to the following:	
	Name of Person	
	Waynes Water Worlds LLC Firm/Company	
	6012 EAGLE WOALL CT Address	
	NORTH FORT MYEAS FI 33117 City/State and Zip Code	
	Wayne CCUS 70m POOLS BY De S 16N. Com E-mail address (to be used for future annual report notification)	
For further information co	ncerning this matter, please call:	
LUCYNE M Name of	Person at (259) 278.6029 Area Code Daytime Telephone Number	
Enclosed is a check for the	efollowing amount:	
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ♀ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
<u>Mailing Address</u> Registration So Division of Co	ection Registration Section	

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2021 DEC 10 AM 11: 39

The Articles of Organization for this Limited Liability Company were filled on 06-07-2021 and assigned Florida document number L2100029 1920 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." NA 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	John V Stanford	3839 High/ight St	Add
		Address 3839 High/ight St FOLT Myers, Pl 33905	□ Remove
			Change
			□Add
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			□Add
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