Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WATCH OUT WORLD LLC

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## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF V

WATCH OUT WORLD LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000334916	were filed on 07/23/2021	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	ity Company," the designation "LLC" 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 a	ddress on our records, enter the na	me of the new registere
agent and/or the new registered office address here:		2023
Name of New Registered Agent:		- <del> </del>
New Registered Office Address:	Enter Florida street address	- <del>                                     </del>
	, Florida _	
	City	Zip Crode
New Pegistered Agent's Signature, if changing Registered Agent:		<u> </u>

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
AMBR	DAVID ROLLAND	19275 Biscayne Blvd	<b>B</b> Add
MGR		Aventura, FL, 33180	
	ALAN DAVID ROLLAND	11252 SW 156th CT	□Add
		Miami, FL, 33196	□Remove
			@Change
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			□Remove
		·····	Change
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		<del></del>	□Remove
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			□Add
			□Remove
			[] Change

N/A	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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<b>fective dat</b> in effective da	e, if other than the date of filing:	ስፋ ብ ንብ
<u>pte:</u> If the d	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	sted a
eument s et	fective date on the Department of State's records.	
ecora specii is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day aff	er the
ited July 31	2023	
2		
1	Relative of a member or authorized representative of a member	