## K21000346214

(Re	equestor's Name)	<del></del>
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TO:

TO: Registration Se Division of Co			
	WORLDWIDE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	DENNIS GOEDHEID		
		Name of Person	
	CASIOLA LLC		
		Firm/Company	
	14500 VELLEUX DRIVE		
		Name of Person  Firm/Company  Address  837  City/State and Zip Code SIOLA COM  be used for future annual report notification)  II: at (	
	ORLANDO, FLORIDA 32	2837	
		City/State and Zip Code	<del></del>
	DENNIS.GOEDHEID@CA		
			fication)
For further information (	concerning this matter, please ca	all:	
MICHAEL LESTER			
Name (	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee.	Section Corporations 27	Registration Sec Division of Cor The Centre of T	porations 'allahassee e Street, Suite 810

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company has been notified in writing of this change.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASIOLA WORLDWIDE LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000346214</u>	were filed on 8/2/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(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 agent and/or the new registered office address here:  Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	2
	Enter Florida street address , Florida City	5
New Registered Agent's Signature, if changing Registered Agent:		ा ्राष्ट्र
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of my duties, and I am	familiar <sup>E</sup> with and

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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11 amending Authorized rerson(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	DENNIS GOEDHEID	14500 VELLEUX DRIVE	<b>=</b> Add
		ORLANDO, FL 32837	□Remove
			☐Change
MGR	MICHAEL LESTER	6751 FORUM DRIVE, SUITE 230	≣Add
		ORLANDO. FL 32821	□Remove
			Change
	<del></del>		□Add
			Remove
			□Add
			□Remove
			Change
		<u></u>	□Add
		<del> </del>	□Remove
		<del></del>	☐Change
			□Add
			□Remove
			Change

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Carting data if other than the	date of filings		(antianal)	
<b>Tective date, if other than the</b> an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	ock does not meet the appli	cable statutory filing rec	nan 90 days after filing.) Pursu juirements, this date will no	ant to 605,0207 of be listed as
record specifies a delayed effective is filed.	: date, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) The 90th	day after the
is filed.				
	2021	·		
	. 2021	·		
ated SEPTEMBER 22	Signature of a member or aut	horized representative of a	member	

Filing Fee: \$25.00