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My (141)

то:	Registration Sec Division of Corp	porations		4
SUBJI	сст: <u> </u>	tige World	Wite Elite ited Liability Company	
The en	closed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		<i>DA</i>	ne of Person	
		Pa	Strige World Wide	E/ik
		4100	Fire Bolle way	
		Purh	City State and Zip Code 7534 (b) 6 mail to be used for future annual report not	7
		t-mail address:	to be used for future annual report not	itication)
For fur	ther information co	oncerning this matter, please c	all:	
	Danil	Juch	at (941) 380 -	3200
	Name of	Person	Afea Code Daytif	ne Telephone Number
Enclos	ed is a check for th	ac following amount:		
□ \$2	5.00 Filing Fee	✓ \$30.00 Filing Fee & Certificate 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 Addres Registration S	Section	Street Address: Registration So	
	Division of C	orporations	Division of Co	rporations

P.O. Box 6327 Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION OF

FILEC

	OF		2021 SEP -2 PM :	
(Name of the Limited	World Wide	Elik preary on our record	SECRETARY OF S	
(1	HLiability Company as it now ag A Florida Limited Liability Compa	ny)		
The Articles of Organization for this Limited Lia	bility Company were filed or	8/11/2	202/ and assig	
Florida document number <u>L 2/000 36</u>	1062	, ,		
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liability compan	<u>y here</u> :		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company,"	the designation "LLC	" or the abbreviation "L.L.	
Enter new principal offices address, if applica	ble:			
(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 1 agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	Fato	v Florida stroet addre	W.Y.	
	1,me			
	City	F	lorida Zip Code	

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of.
M6R	Drivel Feola	4100 River Bone way,	₩Add
		4100 River Borne WY. Punha Carda FL 33980	□Rem
			□Chan
			□Add
			□Reinc
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D. If amer	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ctive date, if other than the date of filing:
If the record record 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 afterd.
Dated _	August 30th Dozi
	Signature of member or authorized representative of a member
	DANKEL Feolla Typed or printed name of signee
	Typed or printed name of signee