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JUN 28 2022

COVER LETTER

SUBJECT: 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: Michael Dempsey Name of Person	
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: Michael Dempsey	
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Please return all correspondence concerning this matter to the following: Michael Dempsey	
Name of Person	
	_
ZenBusiness Inc.	
Firm/Company	-
5511 Parkcrest Drive Suite 103	
Address	-
Austin, Texas, 78731	
City/State and Zip Code	-
fulfillment@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael Dempsey c/o ZenBusiness Inc. 844 493-6249	
Name of Person Area Code Daytime Telephone Number	 :r
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 8	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World Class Theming, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{04/05/2022}{1}$	and assigned
Florida document number 1.22000163356	·	
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	n "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our records,	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	City	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 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
AMBR	WILDER, HUBERT V, III	5396 LONESOME DOVE DRIVE	□Add
		KISSIMMEE, FL 34746	■Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			Change
		🗀 Add	
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			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			DAdd
			□Remove
			Change

Effective date, if other than the date of filing: [im effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. **Solvential Processing of the date instruction in this block does not meet the applicable statutory filing requirements, this date will not be listed as a bacument's effective date on the Department of State's records. **Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distribution of the state of the				
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Dated April 29 2022	<u>fote:</u> If the date inserted in this ble	ock does not meet the applicable	ate of filing or more than 90 day statutory filing requirement	(optional) s after filing.) Pursuant to 605.0207 (s., this date will not be listed as t
		e date, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
/s/ Salley Cromartie Signature of a member or authorized representative of a member	April 29	. 2022		
Signature of a member or authorized representative of a member				
		rtie		

Filing Fee: \$25.00