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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor	ection porations
SUBJECT:	Thave World LLC Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Dominique Gant Name of Person
	Thave world uc
	2413 Ridgeway Drive
	KISSIMMER, FI 34746 City/State and Zip Code
	NIQUE MUST QUE @ OUTTOOK COM E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
DOMINI GUI Narhe o	of Person at (321) 988 - 2404 Area Code Daytime Telephone Number
Enclosed is a check for the	he following 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thave Worl	id LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) odity Company)	
-The Articles of Organization for this Limited Liability Company we Florida document number <u>L2200027739</u>	ere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and contain the world "Limited Liability"	LLC	reviation "L.L.C."
Enter new principal offices address, if applicable:		~~~
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		7 20 F
(Mailing address MAY BE A POST OFFICE BOX)	,	2:54
B. If amending the registered agent and/or registered office address here:	dress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Сіў	z.ip С.оае

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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an effective date ote: If the da	if other than the c is listed, the date must e inserted in this blo ective date on the Dep	be specific and canno ck does not meet th	ne applicable statu	filing or more than 90	(optional) days after filing.) Pursuan ents, this date will not	t to 605.0207 be listed as
record specific is filed.	s a delayed effective	date, but not an ef	fective time, at 12	:01 a.m. on the earl	ier of: (b) The 90th d	ay after the
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		Signature of a member	W Que	£	N=	
	_	signature of a meture	er or authorized repi	resentative of a memb	-1	