L23000324115

(Re	equestor's Name)	.
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	





900412488179

07/24/23--01014--013 +•55.00



COVER LETTER

TO:	Registration S Division of Co		44 44	•
SUBJI	ЕСТ: <u>Ü</u>	JORLD FAM	1005 PIZZA	
The en	closed Articles o	f Amendment and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this mate	er to the following:	
		THOMAS	Name of Person	STIANG HURD
		WORLD	FAMOUS PIZ	-ZA
		22.667	ASPECT DR Address	APT 303
		BOCA RA	TON IFL 3 City/State and Zip Code	3428
		cristianen E-mail address	to be used for future annual report no	otification)
For fur	ther information	concerning this matter, please	call:	
<u> </u>	USTIAN Name	C HURD of Person	at (<u></u> 716) <u>468</u> Area Code Dayti	3 - 4434 ime Telephone Number
Enclos	ed is a check for	the following amount:		
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

Woold Farious (Name of the Limited		s it now appears on our lity Company)	records.)	
The Articles of Organization for this Limited Liab		re filed on <u>071</u>	10/23	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability	company here:		
The new name must be distinguishable and contain the work	ds "Limited Liability C	Company," the designation	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	le: _			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u> _			·
	_		<u> </u>	· · · · · · · · · · · · · · · · · · ·
re a grant of the state of the				· .: 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>-</u> <u>-</u> -			
B. If amending the registered agent and/or reg agent and/or the new registered office address		ress on our records	enter the nam	e of the new registered
Name of New Registered Agent:	CRISTI	ANE HU	RD	
New Registered Office Address:	22667	ASPECT Enter Florida stree	DR # 3	303
	BOCA R	ATON	Florida	33428
New Registered Agent's Signature, if changing Reg	gistered Agent:	<i></i> ,		24.

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	CRISTIANE HURD	22667 ASPECT DO	,_ ÞÁAdd
		APT 303 - BOCA RATON	□Remove
		FL 33428	□Change
			□Add
			~? : □Remove
			⊡Change
			ÖÁdd ∵Ö
			□Remove
		, '	□Change
		, <u></u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

		···			
		· · · · · · · · · · · · · · · · · · ·			
					
				-	
					(-)
			<u>-</u>		
		· <u></u>			
				-	
					· ·
					,
	.				
					
				<u> </u>	
					
effective date is listed, e: If the date inserte	er than the date of i the date must be specified in this block does note that on the Department	e and cannot be prion not meet the appl	icable statutory f	r more than 90 days afte ling requirements, thi	i onal) r filing.) Pursuant to 605.020 is date will not be listed :
cord specifies a delage filed.	yed effective date, bu	t not an effective	time, at 12:01 a.:	n. on the earlier of: (b	b) The 90th day after th
ed JULY	17 th	202	3.	_	
		///		·	
	Signature	of a member or aut	horized representa	rive of a member	