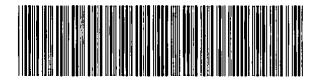
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(Requestor's Name)
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COVER LETTER

Division of Corporations Imprisonent Enterprises LIC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **五\$**43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

World Improvement	nf Enterprises	LLC
(Name of the Limited Liability Company) (A Florida Limited Liability Company)	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on	and assigned
Florida document number <u>L2400001/326</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	lty company here:	•
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u> -
(Principal office address MUST BE A STREET ADDRESS)		2074
•	· <u></u>	المراج منتذ
		<u>بر</u>
Enter new mailing address, if applicable:	•	30
		- 101
(Mailing address MAY BE A POST OFFICE BOX)		- - - -
	<u> </u>	.
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B. If amending the registered agent and/or registered office ad	dress on our records, enter the n	ame of the new regis
agent and/or the new registered office address here:	•	
Name of New Registered Agent: Lyndo	n Smith II	
New Registered Office Address: 1123	22nd Street.	
\sim \sim \sim \sim \sim	Enter Florida street address	
West le	un Beach Florida	33407
	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 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 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 or removed	; Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of each	n person being add
- MGR = Manager AMBR = Authorized Member		·	www.qr.e.v.
Title	Name	<u>Address</u>	Type of Action
AMBR	Lyndon Smith I	1123 22nd Street	02/Add
		West Palm Beach, FL 3340	07 □Remove
		· .	Change
Pres_	Jasmine Turner	1123 22nd Street West Palm Boach, FL 334	□Add
		West Palm Boach, FL 334	107 Remove
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(If an effective dat Notes If the da	Mother hands of his claded in the first of his be- calved a to on the L	lock does not me repartment of Sta	et the applicable	statutory filing	requirements, 1	nis date will no	oe iiste
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		Signature of a m	ember or authoriz	ed representative	of a member	11 30	 ,
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Elling Fees \$25,000



April 26, 2024

LYNDON SMITH II 1123 22ND STREET WEST PALM BEACH, FL 33407

SUBJECT: WORLD IMPROVEMENT ENTERPRISES LLC

Ref. Number: L24000011326

We have received your document for WORLD IMPROVEMENT ENTERPRISES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 324A00009109

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