

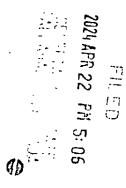
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer;	

Office Use Only



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COVER LETTER

то:	Registration So Division of Cor				
SUBJEC		orld Wide LLC			
SOBJEC	LI	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	•		
		Kevin Jean			
			Name of Person		
		Flovilla World Wide LLC			
			Firm/Company		
		1200 Riverplace BLVD STE 105			
			Address	-	
		Jacksonville/Florida 32207	7		
		City/State and Zip Code Flovillaworldwide@secretary.net			
		E-mail address: (to be used for future annual rep	port notification)	
For furth	ner information c	oncerning this matter, please co	all:		
Kevin J	ean		833 472-6	5365	
	Name o	f Person		Daytime Telephone Number	
Enclosed	d is a check for th	ne following amount:			
□ \$ 25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified (of Status &
	Mailing Addres	<u>:5:</u>	Street Add	ress:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Flovilla World Wide LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on April 2nd, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
		1 1 2 2
The new name must be distinguishable and contain the words "Limited I	hability Company," the designation "LLC" or t	ne abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	<u></u>	22
Enter new mailing address, if applicable:	1200 Riverplace BLVD STE 105	APR 22
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32207	
· · · · · · · · · · · · · · · · · · ·		n
		0
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the (ne of the new regist
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 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
		2131 Patou Dr W Jacksonville, FL 32210	□Add
			■Remove
			□Change
		1200 Riverplace BLVD STE 105	≣Add
		Jacksonville, FL 32207	□Remove
			□Change
			□Add
			□Remove
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an effe	we date, if other than the date of filing:
ocum	ent's effective date on the Department of State's records.
record l is fil	I 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 ed.
ated	14-18-24 Cerim Signature of a member or authorized representative of a member
	lc .
	11 Out Page 1
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00