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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	

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COVER LETTER

	R WORLD LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	LIN YANG					
	Name of Person DISCOVER WORLD LLC					
Firm/Company						
	16116 HALSEY BAY ALLEY Address					
	WINTER GARDEN, FL 34787 City/State and Zip Code evelynyang529@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please co	all:				
HE LIU		703 939-0566				
Name	of Person	at ()	e Telephone Number			
Enclosed is a check for t	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 8107
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISCOVER WORLD LLC (Name of the Limited Liability Company 2s it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 28, 2024 __ and assigned Florida document number ______L24000243730 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 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
AMBR	BIAO YANG	16116 HALSEY BAY ALLEY	□Add
		WINTER GARDEN, FL 34787	■Remove
			□Change
			□Add
			□ Remove
			□Change
			DAdd
			□Remove
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			HASSEE, FLE
			∏Change

ii amending any other inform	ation, enter change(s) here: (Attach additional sheets,	y necessary.)
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Effective date, if other than the fan effective date is listed, the date mote: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than 90 d block does not meet the applicable statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605.0207 (ents, this date will not be listed as t
document's effective date on the	Department of State's records.	
e record specifies a delayed effect rd is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlie	
07/22	2024	2024 SEC
Dated		2024 AUG SECRALA TALLA
	CO	H H H
	Signature of a member or authorized representative of a member	AH SSE
LIN YANG		AM 10: 54 OF STATE SSEE, F
	Typed or printed name of signee	

Filing Fee: \$25.00