Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future

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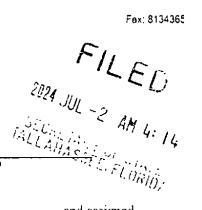
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JUL - 3 2024

Electronic Filing Menu — Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Wasden Ventures LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con-	mpany were filed on 06/24/2024	and assigned			
Florida document number L24000284211	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here:				
Worm Nation LLC					
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "L	LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	<u></u>				
(Principal office address MUST BE A STREET ADDRE					
Enter new mailing address, if applicable:					
agent and/or the new registered office address here:					
Name of New Registered Agent.					
New Registered Office Address:	Enter Florida street ada	lress			
(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 reagent and/or the new registered office address here:  Name of New Registered Agent:					
<del> </del>		Florida			
New Registered Agent's Signature, if changing Registered 2		,			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I nplete performance of my duties, ont as provided for in Chapter 60	and I am familiar with and 5. F.S. Or, if this document is			
	If Changing Registered Agent, Signatur	re of New Registered Agent			

7/2/2024 07:19 28 PD\$ To: 18506176383 Page: 3/4 Fex: 8134365:

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>	Name	Address	Type of Action
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Effective	date, if other than	the date of filing:		(optional)	
lf an effecti <u>Note:</u> If t	ve date is listed, the date he date inserted in thi	must be specific and cannot be press block does not meet the appet Department of State's record	dicable statutory filing requir	90 days after filing.) Pursuan	t to 605,0207 be listed as
e record sp rd is filed.		ctive date, but not an effectiv	e time, at 12:01 a.m. on the c	earlier of: (b) The 90th da	iy after the
Dated 07/	02	2024	·		
	6 1-	Signature of a member or a			
	1. clar as	1 11-15 1 11			

Typed or printed name of signee