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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DRAWN WORLDWIDE LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thaddeus Smith Name of Person
Firm/Company
18835 NW 42nd Pl
Miami Gardens FL 33055  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
That Jat (786) 8916-6055  Name of Person at (786) 8916-6055  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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 OF

FILED

Zna sau (Norld	2024 OCT -4 AM 8: 19
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.)  LALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability C	Company were filed on $08/29/2524$ and assigned
Florida document number <u>L 2 4000379 7.3 7</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
<u>(Principal office address MUST BE A STREET ADDI</u>	RESS)
T	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	d 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:	<del></del>
New Registered Office Address:	Enter Florida street address
<del></del> -	, Florida
New Registered Agent's Signature, if changing Registere	d 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
MGR	Thickeus Smith	18835 NW 42M Pl miami gares FL	<u>₹₹₹</u> ØAdd
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tive date, if other than the date of filing: 08/29/2024	(a=dlamat)
ffective date is listed, the date must be specific and cannot be prior to date of filing or n	(optional) more than 90 days after filing.) Pursuant to 605.020
If the date inserted in this block does not meet the applicable statutory filin nent's effective date on the Department of State's records.	ag requirements, this date will not be listed as
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. iled.	on the earlier of: (b) The 90th day after the
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10/02/ // , 2024	
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Filing Fee: \$25.00