

417000057550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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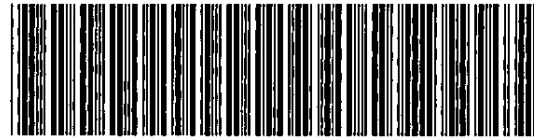
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** W4TEC USA 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:

WAGNER N VAZ DE MELLO  
Name of Person  
W4TEC USA LLC  
Firm/Company  
9565 S ORANGE BLOSSOM TRAIL, UNIT 4  
Address  
ORLANDO, FL 32837  
City/State and Zip Code  
WAGNERNUMELLO@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WAGNER N VAZ DE MELLO at (321) 900-9564  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

W4TEC USA 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 Company were filed on 03/13/2017 and assigned Florida document number L17000057550

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

~~W4TEC USA LLC~~

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)

9565 S ORANGE BLOSSOM TRAIL

SUITE 4

ORLANDO, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9565 S ORANGE BLOSSOM TRAIL

SUITE 4

ORLANDO, FL 32837

**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:

WAGNER N VAZ DE MELLO

New Registered Office Address:

9565 S ORANGE BLOSSOM TRAIL, SUITE 4

*Enter Florida street address*

ORLANDO

*City*

Florida 32837

*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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
CEO	Wagner N Vaz De Mello Jr	2603 GALA ROAD SOUTH	<input type="checkbox"/> Add
		UNIT 30-102	<input checked="" type="checkbox"/> Remove
		KISSIMMEE, FL 34746	<input type="checkbox"/> Change
AMBR	Wagner N Vaz De Mello	Rua Joaquim Manhaes, 220	<input checked="" type="checkbox"/> Add
		Bairro Boa Vista,	<input type="checkbox"/> Remove
		Belo Horizaonte, MG, Brazil	<input type="checkbox"/> Change
		CEP 31060-200	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED  
 DATE 11/19/08 BY 60322  
 11 MAY 09 10:46 AM  
 11 MAY 09 10:46 AM

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

17 MAY 18 10:52 AM  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 05/02/2017 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MAY 02, 2017

Signature of a member or authorized representative of a member

Wagner Nogueira Vaz de Mello Jr  
Typed or printed name of signee