

L19000205944

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : 120120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@abkcorp.com

2020 JAN 31 PM 12:10

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WLS BROTHERS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

2020 JAN 31 PM 1:59
FILED

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FEB 03 2020

TO: Registration Section
Division of Corporations

SUBJECT: WLS BROTHERS 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:

LETICIA SANTOS
Name of Person
ACCOUNT BOOKKEEPING CORP
Firm/Company
5301 CONROY ROAD SUITE 140
Address
ORLANDO , FL 32811
City/State and Zip Code
INFO@ABKCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LETICIA
Name of Person
407- 898-1757
at ()
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 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

WLS BROTHERS 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 08/13/2019 and assigned
Florida document number L19000205944.

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
_____, Florida
City Zip Code

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2020 JAN 31 PM 2:45
SECRETARY OF STATE

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>
AMBR	LUCIANO BISPO MANDINGA	RUA AUGUSTA 183 TORRE 1 APT 292	<input checked="" type="checkbox"/> Add
		VILA AUGUSTA - GUARULHOS - SAO PAULO	<input type="checkbox"/> Remove
		BRAZIL	<input type="checkbox"/> Change
AMBR	SIMONE MANDINGA MONTEIR	RUA AUGUSTA 183 TORRE 1 APT 292	<input checked="" type="checkbox"/> Add
		VILA AUGUSTA - GUARULHOS - SAO PAULO	<input type="checkbox"/> Remove
		BRAZIL	<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
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (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 1/13, 2020

Handwritten signature of Wellington Bispo Mandinga

Signature of a member or authorized representative of a member

WELLINGTON BISPO MANDINGA

Typed or printed name of signee