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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
| (Coolings Line)                         |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| Q. SILAS<br>APR 1 3 2022                |
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Office Use Only



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## **COVER LETTER**

| TO: Registration S<br>Division of Co |  |   |  |
|--------------------------------------|--|---|--|
|                                      |  | INVESTMENTS LLC   |  |
| SUBJECT:                             |  | ited Liability Company  |  |
| The enclosed Articles o              | f Amendment and fee(s) are sub               | mitted for filing.  |  |
| Please return all corresp            | ondence concerning this matter               | to the following:   |  |
|                                      | LOVETTE DOBSON                               |   |  |
|                                      | -  | Name of Person  |  |
|                                      | <del> </del>                                 | Firm/Company  |  |
|                                      | 17350 STATE HWY 249.                         | #220  |  |
|                                      |  | Address   |  |
|                                      | HOUSTON, TX 77064                            |   |  |
|                                      |  | City/State and Zip Code   | <del>-</del> .   |
|                                      | EFILE1234@INCFILE.CO                         |   |  |
|                                      | E-mail address: (                            | to be used for future annual report i                               | notification)  |
| For further information              | concerning this matter, please ca            | all:  |  |
| LOVETTE DOBSON                       |  | at () Area Code Day   | 3453   |
| Name                                 | of Person                                    | Area Code Day   | time 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:

TO:

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

WAYTRADE INVESTMENTS LLC2022 MAR 25 AM 10: 32

| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change. | complete performance of my duties,<br>agent as provided for in Chapter 603<br>red office address. I hereby confirm t | and I am familiar with and 5, F.S. Or, if this document is |
|--|--|--|
| New Registered Agent's Signature, if changing Registere  |  |  |
|  |  | •  |
|  | City   | Florida<br>Zip Code  |
|  |  |  |
| New Registered Office Address:   | Enter Florida street add   | poss   |
| Name of New Registered Agent:  |  |  |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here:  | ed office address on our records, <u>ent</u>   | er the name of the new registered                          |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |
| Enter new mailing address, if applicable:  |  | •••  |
|  |  |  |
| Enter new principal offices address, if applicable:<br>(Principal office address MUST BE A STREET ADD)   | RESS)  |  |
|  | ······································   |  |
| WAYTRADE LLC The new name must be distinguishable and contain the words "Lin   | nited Liability Company "the designation "I f  | I C" or the abbreviation "L. L. C."                        |
| A. If amending name, enter the new name of the lim   | <u>iited liability company here</u> :  |  |
| This amendment is submitted to amend the following:  |  |  |
| Florida document number 1.21000268981  | ·  |  |
| 121 11 1 1 1 1 1./ [UUU/9696]  |  | and assigned   |
| The Articles of Organization for this Limited Liability C  |  | IASSEE, FL   |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address     | Type of Action |
|--------------|------|-------------|----------------|
|              |      |             | □Add           |
|              |      |             | □Remove        |
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| Rective date, if other than the date of filing:  In effective date, if other than the date of filing:  In effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 once: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occurrent's effective date on the Department of State's records.  The 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 is filled.  Signature of a member or authorized representative of a member.   |                           |  |  |  | _                     |
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| March, 17  2022  Signature of a member or authorized representative of a member  | partment of State's reco  | ords.  | g requirements   | . tills date will like be i  | isieu us              |
| Signature of a member or authorized representative of a member   | date, but not an effecti  | ve time, at 12:01 a  | i.m. on the earlier o  | f: (b) The 90th day a  | fter the              |
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|  | 2                         | date of filing:  the specific and cannot be ock does not meet the appartment of State's record date, but not an effective date, but not an effective date. | date of filing:  the specific and cannot be prior to date of filing ock does not meet the applicable statutory spartment of State's records.  e date, but not an effective time, at 12:01 and 2022  Signature of a member or authorized representations. | date of filing:  the specific and cannot be prior to date of filing or more than 90 days back does not meet the applicable statutory filing requirements expartment of State's records.  e date, but not an effective time, at 12:01 a.m. on the earlier of 2022  Signature of a member or authorized representative of a member | date of filing:       |

Filing Fee: \$25.00