

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

LALON SOUZA

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.

((H22000377340 3))



H220003773403ADC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SECRETARY OF STATE
 TALLAHASSEE, FL
 2022 NOV -4 PM 1:49
FILED

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

From: Account Name : MEDEIROS SOUZA CORP
 Account Number : I20190000068
 Phone : (407)326-8484
 Fax Number : (407)604-6519

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

10
 2022 NOV -4 AM 6:10
 Email Address: Contact@medeirosouza.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 W&T LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

C. BRUMBLEY
 NOV - 7 2022

Electronic Filing
 Menu

Corporate Filing Menu

Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: W&T 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:

Rubem Souza

Name of Person

Medeiros Souza corp

Firm/Company

845 N GARLAND AVE. STE 100

Address

ORLANDO, FL 32801

City/State and Zip Code

contact@medeirosouza.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rubem Souza

at (407) 326 - 8484

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 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

W&T 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 12/02/2021 and assigned Florida document number 1.21000509325.

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)

FILED
2022 NOV -4 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FL

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: Medeiros Souza Corp

New Registered Office Address: 845 N Garland Ave STE 100
Enter Florida street address

Orlando Florida 32801
City 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>
AMBR	Washington José da Silva	2838 RED ALDER BLVD OCOEE, FL 34761	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

