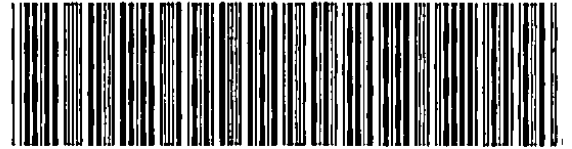


L22000363010



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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SECRETARY OF STATE
HARRISBURG, PA

Amend

JAN 30 2023

D CUSHING

October 4, 2022

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Entity Name: MYWASI LLC
Document Number: L22000363010

Dear Sir or Madam:

Enclosed please find **Check No. 1193** in the amount of **\$25.00** representing the Amendment Filing Fee in connection with the above-referenced entity. Also enclosed find the cover letter and Articles of Amendment to Articles of Organization to be filed with the Division of Corporations.

Should you have any questions or concerns, feel free to contact our office.

Sincerely,

Aspuru Caraballo Faria P.A.



Jaclyn E. Rosell
Paralegal

SECRETARY OF STATE
TALLAHASSEE, FL
OCT -5 PM 2:36

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYWASI 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:

ALEXANDER J. FARIA, ESQ.
Name of Person
FL CORPORATE & TAX SERVICES, LLC
Firm/Company
135 SAN LORENZO AVENUE, SUITE 850
Address
CORAL GABLES, FL 33146
City/State and Zip Code
afaria@acf-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER J. FARIA
Name of Person
786 901-8755
at () Area Code Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FL

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**

MYWASI 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 08/17/2022 and assigned Florida document number L22000363010.

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)

C/O 1390 BRICKELL AVENUE

SUITE 104

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O 1390 BRICKELL AVENUE

SUITE 104

MIAMI, FL 33131

2022 OCT -5 4 2:36
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:

FL CORPORATE & TAX SERVICES, LLC

New Registered Office Address:

135 SAN LORENZO AVENUE, SUITE 850

Enter Florida street address

CORAL GABLES

City

Florida 33146

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 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 to be added, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Elba P. Miranda Angues Schweitzer	C/O 1390 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 104	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	Giorgio Schweizer	C/O 1390 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 104	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input checked="" 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

