

L110001136096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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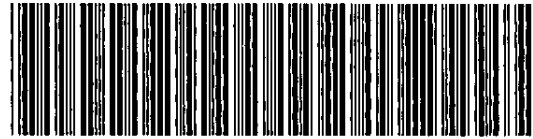
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 22 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WRA ASSOCIATES 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:

THIAGO SOUZA DE ATAIDE

Name of Person

Firm/Company

2612 ROBERT TRENT JONES DR #715

Address

ORLANDO, FL 32835

City/State and Zip Code

THIAGODEATAIDE@GMAIL.COM

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

For further information concerning this matter, please call.

THIAGO SOUZA DE ATAIDE

Name of Person

at (407)

745-9283

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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WRA ASSOCIATES 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 10/04/2011 and assigned
Florida document number L11000113696

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal office address, if applicable:

2612 ROBERT TRENT JONES DR #715

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32835

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:

THIAGO SOUZA DE ATAIDE

New Registered Office Address:

2612 ROBERT TRENT JONES DR #715

Enter Florida street address

ORLANDO

Florida

32835

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 608, 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.

Thiago Ataide
If Changing Registered Agent Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thiago Souza de Ataíde	2612 Robert Trent Jones Dr # 715 Orlando, FL 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

THE NEW MEMBER, THIAGO SOUZA DE ATAÍDE, HAS JOINED WRA
ASSOCIATES LLC AS A PARTNER AND FROM THIS DATE ON HE OWNS
FIFTY PERCENT OF WRA ASSOCIATES LLC.

Dated MAY 11, 2012

Signature of a member or authorized representative of a member

Rodrigo Magalhães da Costa

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA