

L130000006547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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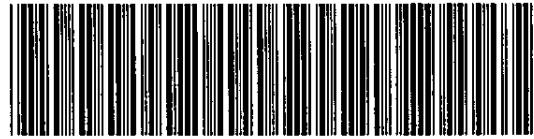
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13 JAN 28 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wisepath Consulting 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:

Vinicius Ribeiro

Name of Person

Wisepath Consulting LLC

Firm/Company

1825 Ponce de Leon Blvd, Ste 548

Address

Coral Gables, FL 33134

City/State and Zip Code

vribeiro@wisepathconsulting.com

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

For further information concerning this matter, please call:

Vinicius Ribeiro

Name of Person

at (305) 801-2263

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

FILED
13 JAN 28 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Wisepath Consulting LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 JAN 28 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/14/2013

Florida document number L13000006547

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1825 Ponce de Leon Blvd., Ste 548

Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1825 Ponce de Leon Blvd., Ste 548

Coral Gables, FL 33134

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

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.

If Changing Registered Agent, Signature of New Registered Agent

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	Wesley Alvarenga Ribeiro	1825 Ponce de Leon Blvd	<input checked="" type="checkbox"/> Add
		Ste 548	<input type="checkbox"/> Remove
		Coral Gables FL 33134	
MGRM	Flavio Peixoto Cruz	1825 Ponce de Leon Blvd	<input checked="" type="checkbox"/> Add
		Ste 548	<input type="checkbox"/> Remove
		Coral Gables FL 33134	
MGRM	Jorge Hernandez	18460 West Sunrise Dr.	<input checked="" type="checkbox"/> Add
		Goodyear AZ 85338	<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.)*

Ownership is split in the following manner:

Vinicius Ribeiro - 25%

Wesley Ribeiro - 25%

Flavio Cruz - 25%

Jorge Hernandez - 25%

Dated January 24th, 2013



Signature of a member or authorized representative of a member

Vinicius Ribeiro

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00