

# L15000130399

Florida Department of State  
Division of Corporations  
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0124000389201

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TO: Division of Corporations  
File Number: 13855039868

FROM: Account Name: ST JOE GROUP LLC  
Account Number: 13855039868  
Phone: (407) 499-1510  
Fax Number: (407) 499-1595

"Please use email address for this business entity to be used for future  
annual report filings. Enter only one email address please."

Email Address:

LLC AMND-RESTATE CORRECT OR MING RESIGN  
THORSEN ENTERPRISES LLC

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T. LEMHEUX  
NOV 25 2024

**COVER LETTER**

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**TO: Registration Section  
Division of Corporations****SUBJECT:** THORSEN ENTERPRISES 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:

Ed Silva

\_\_\_\_\_  
Name of Person\_\_\_\_\_  
Firm/Company

150 SE 2nd Ave Ste 506

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

esilva@m4-advisors.com

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

For further information concerning this matter, please call:

Ed Silva

\_\_\_\_\_  
at ( ) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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THORSEN ENTERPRISES 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 07/30/2015 and assigned  
Florida document number LI 5000130399.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

WISIDEA LLC

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)

**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 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

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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	Fernandes Da Silva, Eduardo	150 SE 2ND AVE STE 506	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
		-	<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
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-	-	-	<input type="checkbox"/> Add
		-	<input type="checkbox"/> Remove
		-	<input type="checkbox"/> Change

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