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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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JUN 15 2016 S. YOUNG

COVER LETTER

то: т	Registration Secti Division of Corpo			·	
SUBJI	ест: <u> </u>	Jisecome Ho Name of Limit	ding LL@		
The en	closed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please	return all correspond	ence concerning this matter to	o the following:		
	•	_ Juan	A · Servat Name of Person		
			Firm/Company		
		<u>9600 se</u>	D BST, Sted		
		jserat @ w E-mail address: (to	FL 33174 City/State and Zip Code Disecome holding be used for future annual report notific	ation)	19 19 PH 4: 26
For fur	ther information con	cerning this matter, please cal	II:		'σ ·
	Juan A. S Name of P	<u>errat</u> erson	at (786) 554- Area Code Daytime T	8965 Telephone Number	
	ed is a check for the	•			
S \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		G ADDRESS: on Section	STREET/COURIE Registration Section	R ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wisecome Hold	ding LLC	on our records)	
(A Flo	ability Company as it now appears of orida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liability		5 25 2016 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here	* 5 E	
The new name must be distinguishable and contain the words	'Limited Liability Company," the desi	The second secon	0.25
Enter new principal offices address, if applicable:		ω '	<u> </u>
(Principal office address MUST BE A STREET AL	DDRESS)		<u> </u>
	<u></u>	26	
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or reregistered agent and/or the new registered office a		our records, enter the name of the	e new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street address	
-	City	, Florida Zip Code	_
	Cuy	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>	Address	Type of Action
MGRM	Danilo Tolles Roman	9600 See 8 ST, Ste 2	Add
		Miami FC 33174	Remove
			Change
MGRH	L. Bruno Kamauo	Ava Dos marecos 025/N	
		Bairro Popolar, 03 Luan	A A O Remove
		· 	Change
			Add All ARE TARK
			Change ¬
			Change Fig.
			□ Remove
			Change
			Add
			Remove
			Change
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			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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AHASS
다
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:) The 90th day after the record is filed.
Dated DQ 07 . 2016 . Signature of permber or authorized representative of a member
Joan A Serrat Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00