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AUG 1 6 S. PRATHER



July 23, 2024

WRAITH SECURITY CONSULTANTS, LLC ROBERT C. FRUTCHEY 2825 GRAPEFRUIT DRIVE AUBURNDALE, FL 33823

SUBJECT: THE WRAITH FOUNDATION LLC

Ref. Number: W24000106180

We have received your document for THE WRAITH FOUNDATION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

AUG 1 2 2024

Letter Number: 924A00016080

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: (NRAITH SECURITY CONSULTANTS 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:
ROBERT C. FRUTCHEY Name of Person
THE WASITH FOUNDAMON LLC Firm/Company
2825 GRAPE FAUIT DRIVE
Auburn Dace, FL. 33823 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert C. From they at (863) 207-4176 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)\$\$ 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

		124
WRAIN4 SECURITY (Name of the Limited Liability Co (A Florida Limited)	CONSULTAN	TS LLC E
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on o ited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L/7600066160</u> 2	any were filed on	est 1 2024 and assigned
Florida document number L / 700000 6 16 02	2	
		· 0
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
<u> </u>		
THE WAAITH FOUND ATTO. The new name must be distinguishable and contain the words "Limited I	ishility Company " the designs	ion "LLC" or the abbreviation "LLC"
The new mane mass of any mane and contain the words.	sworthy Company, and designa	See of the societation E.S.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<i>V/A</i>
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		11/1
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B. If amending the registered agent and/or registered off	ica address on our record	s anter the name of the new registered
agent and/or the new registered office address here:	ice address on our record	s, enter the name of the new registered
Name of New Registered Agent:	N//	1
Name of New Registered Agent.		<u> </u>
New Registered Office Address:		
	Enter Florida str	eet 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

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
	N/A		□Add
			□Remove
	N/A		□Add
			□Remove
		-	□Change
	N/A	_	□Add
			□Remove
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Filing Fee: \$25.00