11100229184

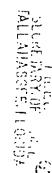
(Re	questor's Name)	
/^-		
DA)	ldress)	
ίÃη	ldress)	
(, ,,	, 555,	
(Cit	ty/State/Zip/Phone #)
	MAIT	MAIL
☐ PICK-UP	☐ WAII	☐ WAIL
		
(Bu	siness Entity Name)
(Da	oumant Number	
(Do	ocument Number)	
Certified Copies	Certificates of	f Status
<u> </u>	F18 O45	
Special Instructions to	Filing Officer:	
₩		
::- #		
2017 DEC -4	Office Use Only	
<u>.</u> . ن		
	- ,	
202	÷	



000306236230

12/05/17--01019--001 **50.00

17 DEC - 4 AM 9: 36



COVER LETTER

TO: Registration Se Division of Cor			
WONDER			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOAO PEDRO VOLZ		
		Name of Person	
	VD&T INTERNATIONA	L	
		Firm/Company	
	150 SE 2ND AVE SUITE	505	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	management@vdtinternatio		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
JOAO PEDRO VOLZ		at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WONDER CITY LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L17000229184</u> .	any were filed on 11/06/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		17 t
		<u> </u>
		- Sec
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> အ</u> ခြ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		er the name of the new
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

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>	Type of Action
MGR VDT Corporate	VDT Corporate Services LLC	150 SE 2ND AVE, SUITE 505	■ Add
		MIAMI, FL 33131	Remove
			□ Change
			
			☐ Remove
			☐ Change
		Add	
			Remove
		····	□ Change
			Add
		☐ Remove	
		Change	
			Remove
		Change	
		Add	
			□ Remove
			∏ Change

				 .			
	···	- -		······································			
							
					•		
<u></u>							
					· · · · · · · · · · · · · · · · · · ·		
		<u>-</u>				17 D	7
			·	····		DEG -	7112
						<u>عـِ</u>	725
	· · · · · · · · · · · · · · · · · · ·					AH 9.	
					-	ည	9376
	· · · · · · · · · · · · · · · · · · ·						٠,,
	•				• •		
ffective date,	if other than the da	te of filing:		-	(optional)		
Note: If the date	is listed, the date must be inserted in this block ctive date on the Department	: does not meet tl	he applicable sta	of filing or more than tutory filling require	90 days after filing.) Pursu ements, this date will n	ant to 605.020 ot be listed a)7 (3 is th
e record spe The 90th da	cifies a delayed e ay after the recor	ffective date, d is filed.	but not an e	ffective time, a	t 12:01 a.m. on th	e earlier d	ɔf:
NOVEMI	BER 27TH	20	17				
	· · · · · · · · · · · · · · · · · · ·	· -					
		آسيس ((1) 100	•			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00