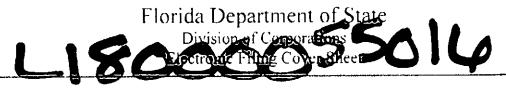
9/21/22, 1:15 PM

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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : 120200000118 Phone : (305)260-6968

Fax Number : (786)513-7810

FILED
2022 SEP 21 AM 9: 26
SECKETARY OF STATE
SECKETARY SEE, FL

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			<u> </u>		_
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WALL CLIC LLC

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Certified Copy	0
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C. BRUMBLEY SEP 23 2022

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Corporate Filing Menu

Help

To:

(((H22000327263 3)))

## ARTICLES OF AMENDMENT TQ -ARTICLES OF ORGANIZATION OF

WALL CLIC LI C  (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
the Articles of Organization for this Limited Liability Company value document number 1.18000055016	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabil	ity company here:
he new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	ACT 85 1
	SEP 21
nter new mailing address, if applicable:	
Mailing address MAYBE A POST OFFICE BOX)	9. 2
<ol> <li>If amending the registered agent and/or registered off egistered agent and/or the new registered office address here</li> </ol>	ice address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

Thereby 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

To:

(((H22000327263 3)))

17865137810

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
AMBR	GERHARDT, ALEXANDRE	153 CRANDON BLVD UNIT 122	
		KEY BISCAYNE, FL 33149	■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
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			Add
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			☐ Change
			Add
			Remove
			D 01

From: Paloma Duarte

(((H22000327263 3)))

2022-09-21 17:18:56 GMT

If amending any other informat	ion, enter change(s) here:	(Attach additional sheets, i	(necessary.)
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Effective date, if other than the If an affective date is listed, the date must Note: If the date inserted in this bluecument's effective date on the De	t be specific and cannot be prior to ock does not meet the applicabl	date of filing or more than 90 day	(optional) s after filing.) Pursuant to 605,0207 (3)(to s, this date will not be listed as the
ne record specifies a delayed The 90th day after the rec	l effective date, but not a ord is filed.	an effective time, at 12	:01 a.m. on the earlier of:
Dated SEPTEMBER, 20	, 2022	<i></i>	_
<del>/S</del>	Jan	· ·	•
	Signature of a member or suthoriz	zed representative of a member	
PEDRO ANT	ONIO CHAVES E	BARCELLOS	
	Typed or printed	name of signee	

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