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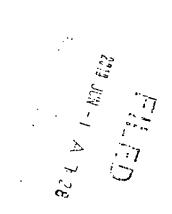
(Requestor's Name)
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	UMANNI TE	CHNOLOGY LLC		
SUBJECT:	Name of Lin	aited Liability Company		
	of Amendment and fee(s) are sub	_		
Please return all corres	spondence concerning this matter	to the following:		
	Br	una Fatima Aere de Freitas		
		Name of Person		
	(	JMANNI TECHNOLOGY LLC		
		Firm/Company	•	23
	408 NW	68th Ave Building 3 Apartment 50	9	27) J.W1
		Address		<u> </u>
	ı	Plantation, Florida, 33317		
		City/State and Zip Code		د
		runa.aere@gmail.com		œ
		to be used for future annual report not	ification)	
For further information	n concerning this matter, please c	all:		
Bruna Fatim	a Aere de Freitas Fontana	at ( 954 ) 401 6624		
Nam	e of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check fo	r the 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 Certificate of Certified Co (additional cor	of Status & opy
	ILING ADDRESS: stration Section	STREET/COUR Registration Secti		
Divi	sion of Corporations	Division of Corpo		
	Box 6327 abassee, FL 32314	Clifton Building 2661 Executive C	enter Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WISE HR TECH LLC  ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.c"  nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:	ssigned
his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  WISE HR TECH LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C" or the abbreviation "L.C" or the abbreviation "L.C." or the ab	ssigned
. If amending name, enter the new name of the limited liability company here:  WISE HR TECH LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C" or the abbreviation	
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:	
Inter new mailing address, if applicable:  Conter new mailing address, if applicable:  Conter new mailing address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	lC."
Enter new mailing address, if applicable:	FI to
Enter new mailing address, if applicable:	· 1
Inter new mailing address, if applicable:	T 2
Enter new mailing address, if applicable:	1
N.	
3. If amending the registered agent and/or registered office address on our records, enter the name egistered agent and/or the new registered office address here:	of the
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
, Florida, 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

$\mathbf{AMBR} = \lambda$	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Remove
			Add →
			≥ Rémove
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<b>iffective dat</b>	e, if other than the date of filing:	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.
		plicable statutory filing requirements, this date will not be listed
locument's ef	fective date on the Department of State's reco	rds.
		not an effective time, at $12:01$ a.m. on the earlie
ine 90th	day after the record is filed.	
	May 29th 2018	
Dated		
		X
	- Ilua	uthorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00