

**L18000106678**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

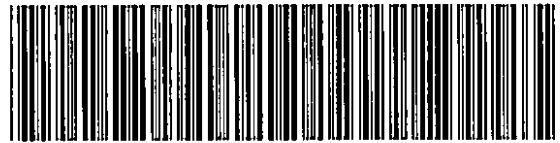
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



**800316463288**

08/06/18--01610--021 \$450.00

AUG 10 2018  
S. YOUNG

18 AUG -6 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

July, 29<sup>th</sup> 2018

To the Department of State – State of Florida

Dear Sr./Sra.

I am writing to report that there was an error in the last Amendment I sent to change the name of the company.

I received two (2) letters in my residence. I request the correction as listed bellow:

**Error:** Letter Number 418A00011493

Please be aware I do not respond for the company URBAN LUMBER

I am sending with this letter:

- **Copy of** Letter Number: 418A00011493 (Error)
  - Related to the company L18000108878
- **Copy of** Letter Number: 918A00011795 (Correct)
  - Related to the company L18000106678

Yours sincerely,

  
\_\_\_\_\_  
Bruna Fatima Aere de Freitas

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18 AUG - 6 PM 4: 57  
NOTARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: WISE HR TECH 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:

Bruna Fatima Aere de Freitas  
Name of Person

WISE HR TECH LLC  
Firm/Company

408 NW 68TH AVE APT 509 Building 3  
Address

PLANTATION FL 33317  
City/State and Zip Code

bruna.aere@gmail.com  
E-mail address: (to be used for future annual report notification)

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18 AUG -6 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bruna Fatima Aere de Freitas at ( 954 ) 401-6624  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                                       |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

WISE HR TECH LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 27, 2018 and assigned  
Florida document number L18000106678.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

101 NE Third Ave

Suite 52

Ft LAUDERDALE | FL 33301

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

408 NW 68TH AVE APT 509 Building

PLANTATION | FL 33317

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

101 NE Third Ave Suite 52

*Enter Florida street address*

Ft Lauderdale | FL

City

Florida

33301

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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COUNTY OF ST. JAMES  
TALLAHASSEE, FLORIDA

[illegible]

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 26th 2018

Signature of a member or authorized representative of a member

Bruna Fatima Aere de Freitas

Typed or printed name of signee

FILED  
18 AUG -6 PM 4:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA