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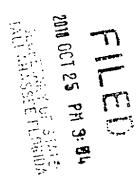
(Requestor's Name)
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October 6, 2018

WALLACE BATISTA SILVA 1654 CARIBOU HUNT TRAIL ORLANDO, FL 32824

SUBJECT: WBSOLUTION LLC Ref. Number: L18000201123

We have received your document for WBSOLUTION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 718A00020845

COVER LETTER

	ration Section n of Corporations		
	1110 Commission 11 C		
SUBJECT: _	WOSOLUTION LLC Name of Limited Liability Company		
	Toma of Salaring Company		
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.		
Please return'a	correspondence concerning this matter to the following:		
	Manaca Amicra Siva		
	WALLACE BATISTA SINA Name of Person		
1			
	WBSautioni LLC		
	Finn/Company		
•	1634 CARGOU HUNT TRAIL		
:	Address		
	Oniano, 5 32024	Σς: 2	
	ORUMDO, R 32824 City/State and Zip Code	2010 OCT	1
	WES. WYLLACE COMMIL OOM	翌 日	OT MAN
	E-mail address: (to be used for future annual report notification)	SS: 50	
For further info	mation concerning this matter, please call:		f !
الم معرفي	BATISTA Silva a1 (407) 285-5621	CONTE	Sanda Sanda Sanda
- O VAUCACO	Name of Person at (407) 285 - 5621 Area Code Daytime Telephone Number	2 2 2 3 3 3 3 3 3 3 3 3 3	
Enclosed is a cl	eck for the following amount:		
□ \$25.00 Fil	g Fee	ie.	
	Certificate of Status Certified Copy Certificate of	Status &	
į	(additional copy is enclosed) Certified Copy (additional copy is		
· }			
	MAILING ADDRESS: STREET/COURIER ADDRESS:		
1	Registration Section Registration Section		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WBSaurian LC Warme of the Limite	d Liabilin: Company as A Florida Limited Liabil	it now appears on our	t twoidr)	····	
The Articles of Organization for this Limited Lie Florida document number <u>L 1800 20 N 6</u>		and assigned			
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability	company here:			
he new name must be distinguishable and contain the we	rds "Limited Liability C	ompany," the designation	oa "LLC" or the	abbreviation "L	LC.
Enter new principal offices address, if applica	ble:			₽ ₀ :	<u> </u>
Principal office address MUST BE A STREET					
				2011 C	-
				SSEE SEE	n {
Enter new mailing address, if applicable:		·			
Mailing address MAY BE A POST OFFICE I	<u> </u>			MOISOT P. MIS M. M. S. MIS	- Albert
I. If amending the registered agent and/o	•	address on our	records, ente	r the name	of the nev
Name of New Registered Agent:	WALLACE BA	nisma Silva		····· - · · · · · · · · · · · · · · · ·	
New Registered Office Address:	1654 Cacigo	U HUNT TROI Enter Monda som		 	
	<u>Orlando</u>		, Florids _	32824	
i		Ciţ.		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.

Wallof: Batist Jaliva (Oct 15, 2018)

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 Type of Action <u>Address</u> Title 1 Name WALLACE BATISTA SIWE 1694 CARIEDU HUNT TEMIL D Add AMBR DRIAND, fr 32824 ☐ Remove 23 Change _□ Add ☐ Remove ☐ Change TALLA REPOVE T 200 PH & _□ Remove _ Change D Add ☐ Remove ☐ Change DbA 🖸 ☐ Remove ☐ Change

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	! 1	day afte 6, 2018	r the reco	ord is filed.	0-110 200	10					
:d _		.0, 2010			Oct 16, 20:	·					
			Walley Walley	Other Es Ten O Batist Jailya (Oct 1							
	,			signature of a n	nember or auth	orized represent	ative of a me	nher			-
	1			llace Batist							

Page 3 of 3

Filing Fee: \$25.00