L18000244526

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	' USA LLC		
SUBJECT:	Name of Lim	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:	
	Paulo Bejar		
		Name of Person	
		Firm/Company	
	11728 Gray Rock Trl		
	Windermere, FL, 34786	Address	
	<u> </u>	City/State and Zip Code	
	wisewayusallc@gmail.com E-mail address: (to be used for future annual report not	fication)
For further information co	oncerning this matter, please ca	all:	
Paulo Bejar		407 6006268 at ()	
Name o	f Person	Area Code Daytim	ne 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 Addres		Street Address:	
Registration Section		Registration Se Division of Cor	
Division of Corporations P.O. Box 6327		The Centre of T	•
Tallahassee, I	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 2 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

WISE WAY USA LLC

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

(A Florida Limited Liability Company)

ALLAHACSI The Articles of Organization for this Limited Liability Company were filed on $\frac{10/17/2018}{1}$ Florida document number L18000244526 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: PAULO R BEJAR Name of New Registered Agent: 11728 Gray Rock Trl New Registered Office Address: Enter Florida street address

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.

City

Windermere

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>	Address	Type of Action
AMBR	FLAVIA DE OLIVEIRA BEJAR	11728 Gray Rock Trl, Windermere, FL, 34786	□Add
			■Remove
		·	□ Change
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Note: If the o	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after date inserted in this block does not meet the applicable statutory filing requirements, the effective date on the Department of State's records.	ional) or filing.) Pursuant to 605.0207 (is date will not be listed as t
record speci d is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
0ated	023 7 A-M	
_	Signature of a member or authorized representative of a member	