

L19 000079618

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : US TAX CONSULTING INC
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WGA SOLUTIONS LLC

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TALLAHASSEE, FLORIDA

Certificate of Status	1
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T. CLIN
JUL 26
EXAMINER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
WGA SOLUTIONS LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 03/21/2019 and assigned Florida document number: L19000079618

EIN Number: 83-3777656

Article I

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."

Article II

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**)

Article IV

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:

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

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE

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

Title	Name	Address	Type of Action
AMBR	TRW USA LLC	KINGSPONTE PKWY STE 28	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32819	ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	AZUL VIAGENS LLC	7061 GRAND NATIONAL DR STE 105H	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32819	ADD <input checked="" type="checkbox"/>

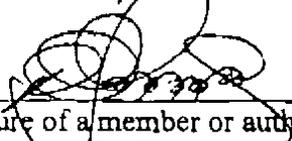
Title	Name	Address	Type of Action
MGR	WILLIAM SALIM	7061 GRAND NATIONAL DR STE 105H	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32819	ADD <input checked="" type="checkbox"/>

C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: July 25, 2019.

 / ACCOUNTANT

 Signature of a member or authorized representative of a member

Rodrigo Cavalcante
Typed or printed name of signee

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 09 JUL 25 AM 09:09
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 AND FINANCIAL SERVICES
 TALLAHASSEE, FLORIDA