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Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JULIO C BARBOSA P.A. DBA BARBOSA LEGAL

Account Number : I20110000049 Phone : (305)501-4680 Fax Number : (305)359-9543

Enter the email address for this business entity to be used for fugure annual report mailings. Enter only one email address please. 🚉

renewals@barbosalegal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WAIDIAM INTERNATIONAL LLC

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COVER LETTER

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SUBJECT: WAIDIAM INTERNATIONAL LLC Name of Limited Liability Company	TO: Registration Section Division of Cor	rporations		
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: First	WAIDIAN SUBJECT.	I INTERNATIONAL LLC		
Please return all correspondence concerning this matter to the following: Firika Kitaoka da Silva	SUBJECT:	Name of Lin	nited Liability Company	
Please return all correspondence concerning this matter to the following: Firika Kitaoka da Silva	The analysis Assistance	Sample and foots) are sub	united for filing	
Barbosa Legal Fim/Company		·	-	
Name of Person Barbosa Legal Fim/Company 407 Lincoln Road PH-NE Address Miami Beach, FL 33139 City/State and Zip Code renewals@barbosalegal.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Erika Kitaoka da Silva Name of Person Name of Person Area Code Daytine Telephone Number inclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certified Copy radditional copy is enclosed) Certificate of Status & Certified Copy radditional copy is enclosed)	riease return all correspo	ondence concerning this matter	to the following.	
Barbosa Legal Finn/Company 407 Lincoln Road PH-NE Address Miami Beach, FL 33139 City/State and Zip Code renewals@barbosalegal.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Erika Kitaoka da Silva Name of Person Area Code Daytime Telephone Number inclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certified Copy additional copy is enclosed) Certificate Of Status & Certified Copy additional copy is enclosed)		Erika Kitaoka da Silva		
Finm/Company 407 Lincoln Road PH-NE Address Miami Beach, FL 33139 City/State and Zip Code renewals@barbosalegal.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Erika Kitaoka da Silva Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy Certified Copy Certified Copy Certified Copy			Name of Person	
Address Miami Beach, FL 33139 City/State and Zip Code renewals@barbosalegal.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Erika Kitaoka da Silva 305 501-4680 at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (Certified Copy)		Barbosa Legal		
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City/State and Zip Code renewals@barbosalegal.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Erika Kitaoka da Silva 305 501-4680 at (Address	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Erika Kitaoka da Silva 305 501-4680 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status & Certified Copy (Certificate of Status & Certified Copy (Certified Cop		Miami Beach, FL 33139		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Solution			City/State and Zip Code	
For further information concerning this matter, please call: Serika Kitaoka da Silva		-		· · ·
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Mailing Address: Registration Section Street Address: Registration Section				ection
Division of Corporations Division of Corporations	Division of C	Corporations	Division of Co	rporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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FILED

2024 OCT 15 AM 11: 46

WAIDIAM INTERNATIONAL LE	C		901 13 AMII: 46		
		iny as it now appears on our i Liability Company)	records.) TALLAMASSEE, FLORIDA		
The Articles of Organization for this Limited Li	iability Company	were filed on11/09/2021	and assigned		
Florida document number L19000223544	·				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	able:	407 Lincoln Rd			
(Principal office address MUST BE A STREE		PH-NE			
Trincipal Office and Co. 1001 Bir 101 Ris. 1700 Ris. 170		Miami Beach F1, 33139			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		407 Lincoln Rd			
		PII-NE			
maing address 51711 191, 417 001 011 1202	50.17	Miami Beach FL 33139			
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>c</u>	enter the name of the new registered		
	407 Lincoln Ro	I PH-NE			
New Registered Office Address:		Enter Florida streat d	address		
	Miami Beach		Florida		
	City Zip Code	Zip Code			
New Registered Agent's Signature, if changing F	Registered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the accompany has been notified in writing of this company has been notified in writing of this content.	er and complete stered agent as p registered office	performance of my dutie provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is		
	/S/ Ea	lwin Cisneros on behal	f of Barbosa Legal		

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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Barbosa Legal	407 Lincoln Rd	
		PH-NE	□Remove
		Miami Beach FL 33139	[]Change
MGR	SEVILLA SERVICES INC.	P.O. BOX 140668	□Add
		CORAL GABLES	
		FL 33114-0668	
			□Remove
			□Change
			Remove
			□Change
			□Remove
			C)Change
			□Add

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effective date is listed, the date mu	st be specific and cannot be prior		e than 90 days afte			
If the date inserted in this bit iment's effective date on the D			requirements, th	is date wil	ll not be !	listed
and it is a second to the is	oparimon or other process.					
ord specifies a delayed effective	re date, but not an effective ti	me at 12:01 am or	the earlier of: ()	a) The 9	Oth day a	fter t
filed.	o dillo, but not the bridge to			,, ,,,,,,	on day o	
October 14	2024	<u> </u>				
	S/Edwin Cisneros					
	ST EUGRUPT CUSPUEPUR					
	Signature of a member or author	.2(1)	Parameter in			

Filing Fee: \$25.00 (((H24000344171 3)))