

L19000202583

Note: Please print this page and use it as a cover sheet.
 Page one tax identification number (shown below) on the top and
 bottom of all pages of the document.

(H127000216397 3%)



H20002153973A90%

Note: If you do not see the RETURN TO US button on the
 bottom of this page, please go to our website at
 www.floridarevenue.com for more information.

Division of Corporations
 Tallahassee, Florida 32399

Agency Name: MED-ROSS SOUZA LLC
 Agency Number: 12000000000000000000
 Date: 06/23/2022
 Tax Number: 12000000000000000000

Note: This document is for informational purposes only and does not constitute a return. It is not to be filed with the state or federal government.

Global Address: Contact@medeirosouza.com

LLC AND RESTAURANT CORP OR M/MG RESIDUAL
 W/ BUSINESS ADMINISTRATION CONSULTING
 LLC

Certification Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

07/23/2022 AM 8:23

RECEIVED

2022 JUL 23 AM 11:46

T. LEMIEUX

JUN 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WJ BUSINESS ADMINISTRATION CONSULTING 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:

Rubem Souza

Name of Person

MEDEIROS SOUZA CORP

Firm/Company

845 N GARLAND AVE, STE 100

Address

ORLANDO, FL 32801

City/State and Zip Code

contact@medeirosouza.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rubem Souza

407

326-8484

at ()

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

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MailingAddress:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WJ BUSINESS ADMINISTRATION CONSULTING 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 10/18/2019 and assigned
Florida document number 1.19000262583.

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:

845 N GARLAND AVE STE 100, ORLANDO, FL 32801

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

845 N GARLAND AVE STE 100, ORLANDO, FL 32801

(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:

Name of New Registered Agent:

MEDEIROS SOUZA CORP

New Registered Office Address:

845 N GARLAND AVE, STE 100

Enter Florida street address

ORLANDO

City

Florida

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.

LL

If Changing Registered Agent, Signature of New Registered Agent

RECEIVED
JUN 23 AM 10:23
DEF. DIVISIONS
TALL
32801
FLORIDA

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>
AMBR	WELLINGTON ESTRUQUEL	845 N GARLAND AVE STE 100,	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JULIANE SAUKIO ESTRUQUEL	845 N GARLAND AVE STE 100,	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LARISSA ESTRUQUEL	845 N GARLAND AVE STE 100,	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NOAH SAUKIO ESTRUQUEL	845 N GARLAND AVE STE 100	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

