

# L19000262583

Note: Please print this page and use it as a cover sheet for the filing of the document with the Florida Department of Banking and Finance.

H220002536263ABC



H220002536263ABC

Note: For more information, please visit the Florida Department of Banking and Finance website at [www.fdbf.com](http://www.fdbf.com).

Florida Department of Banking and Finance  
Tallahassee, Florida 32399-0001

File

File Number: H220002536263ABC  
Filing Date: 07/27/2022  
Filing Time: 12:40:48 PM  
Filing Fee: \$100.00

For more information, please visit the Florida Department of Banking and Finance website at [www.fdbf.com](http://www.fdbf.com).

Email Address: [contact@medeirosousa.com](mailto:contact@medeirosousa.com)

FILED AGAINST THE STATE COURT OF THE NINTH REGION  
BY BUSINESS ADMINISTRATION CONSULTING LLC

Filing Fee	1
Service Fee	0
Processing Fee	0
Estimated Charge	\$100.00

2022 JUL 27 AM 10:31

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Corporate Filing Menu

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUL 27 PM 1:50

APPROVED  
AND  
FILED

JUL 27 2022  
K. Brumley

**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)

**Mailing Address:**

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

**Street Address:**

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 119000262583.

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:**

Name of New Registered Agent:

MEDEIROS SOUZA CORP

New Registered Office Address:

845 N GARLAND AVE, STE 100

*Enter Florida street address*

ORLANDO

Florida

*City*

**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

APPROVED  
AND  
FILED  
2022 JUL 27 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, 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	LARISSA ESTRUQUEL	845 N GARLAND AVE STE 100,	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NOAH SAUKIO ESTRUQUEL	845 N GARLAND AVE STE 100,	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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