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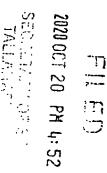
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
. WISE FUT	URE GROUP SUPPORT SER	VICES, 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	ondence concerning this matter	to the following:	
	Yaznelly S Rivera Negron		
		Name of Person	
	WISE FUTURE GROUP	SUPPORT SERVICES, LLC	
		Firm/Company	
	2307 Greenwillow Dr		
		Address	
	Orlando, FL 32825		
	wisefuture.groupss.llc@gm	City/State and Zip Code ail.com	
	E-mail address: (to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	
Yaznelly S. Rivera Negr	on	407 508-7374	
Name o	f Person	at () Area Code Davi	ime Telephone Number
. value o	. r c	Tueu Civit	
Enclosed is a check for the	he 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		Street Address:	Saction
Registration S Division of C		Registration S Division of C	
P.O. Box 632		The Centre of	•
Tallahassee, l			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our r lability Company)	ecords.)
The Articles of Organization for this Limited L L20000250498 Lorida document number	iability Company	were filed on	and assigned
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2307 Greenwillow Dr. O	
Principal office address MUST BE A STREI		150 N	
Enter new mailing address, if applicable:	2307 Greenwillow Dr. O	RLANDO, FL32825	
Mailing address MAY BE A POST OFFICE BOX)			
			52
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:	address on our records, <u>e</u> RIVERA NEGRON	enter the name of the new reg
-	2307 Greenwill	low Dr. Orlando FL 32825	
New Registered Office Address:		Enter Florida street d	uldress
	ORLANDO		_, Florida
		City	Zip Code

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 Resistered 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
MGR	YAZNELLY S RIVERA NEGRON	2307 Greenwillow Dr, Orlando FL 32825	
			= Add
			□Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove
			☐ Change
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			Remove
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			Remove
			□Change

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ffective date, if other than the o	date of filing:		(optional)	
an effective date is listed, the date must Note: If the date inserted in this blo				
locument's effective date on the De			•	
record specifies a delayed effective d is filed.	date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The 90th	n day after the
OCTOBER 16	2020			
OCTOBER 16	2020	·		
OCTOBER 16	. 2020		<u> </u>	
OCTOBER 16 Dated	2020	porized representative of	a member	

Filing Fee: \$25.00

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