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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA  
2020 DEC -7 PM 12:45  
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LA.  
1/15/21

# COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: WADAJA 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:

ODALIS HERNANDEZ  
Name of Person

WADAJA LLC  
Firm/Company

9340 SW 26TH ST  
Address

MIAMI, FL 33165  
City/State and Zip Code

ODALISWADAJA@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ODALIS HERNANDEZ at ( 786 ) 326-0418  
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**

WADAJA 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 SEPTEMBER 30, 2020 and assigned Florida document number L20000308875.

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)**

310 NW 107 AVE

APT 101

MIAMI, FL 33172

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

310 NW 107 AVE

APT 101

MIAMI, FL 33172

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FL

**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:

ODALIS V HERNANDEZ

New Registered Office Address:

310 NW 107 AVE APT 101

Enter Florida street address

MIAMI

City

Florida

33172

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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	AFFIANCE CONSULTING FIRM	1932 NW 5TH STREET	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33125	<input type="checkbox"/> Change
AMBR	ODALIS V HERNANDEZ	310 NW 107 AVE	<input checked="" type="checkbox"/> Add
		APT 101	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
MGR	ODALIS HERNANDEZ	9340 SW 26TH ST	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33165	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: NOVEMBER 26, 2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 30 2020

Signature of a member or authorized representative of a member

ODALIS V HERNANDEZ

Typed or printed name of signee