## L21000074879

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
To the state of th
Special Instructions to Filing Officer:

Office Use Only



900361066739

08/04/21--01015--007 \*+25.00

0.2122 - 22152

Maurix

## **COVER LETTER**

Division of Cor	•		,
			,
SUBJECT:	Name of Lim	ited Liability Company	··· <del>···</del>
	••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	•
	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:    VANESSA SOUPA   Name of Person		
	VANE	ESSA SOUZA	
		Name of Person	
		TRIBAL LLC	
		Firm/Company	
	i C	200 No.) 161 AUS	
		Address	,·
		<b>.</b>	- 3
		City/State and Zin Code	FC 33058
		TRIBACE LLC  Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  Increase concerning this matter to the following:    VANCESSA   SOUZA     Name of Person	
	TRIBAC LC  Name of Limited Liability Company  Famendment and fee(s) are submitted for filing.  ondence concerning this matter to the following:   UANESSA SOUZA  Name of Person  TRIBAL LCC  Firm/Company  1000 NCU 161 AVE  Address  PEMBLOLE PINES RL 33023  City/State and Zip Code  TRIBAL Q HOTHAIL COM  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  SA SOUZA  at (954) 255 48 31  Area Code Daytime Telephone Number  the following amount:  \$\Begin{array} \text{S0.00Filing Fee & Certificate of Status} & Certificat Copy (additional copy is enclosed)  Street Address:  Street Address:	ification)	
For further information c	oncerning this matter, please ca	all:	
1/401=5	EA SOUZA	954 \ 258 4	831
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status &
			.,
Mailing Addres	<u>ss:</u>		
Registration !		<del>-</del>	
Division of C		Division of Co	-
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIBAL	. LLC		
(Name of the Limite)	1 Liability Compar A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Lia		were filed on	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
WVS FINANCIAL	Solunions	5, 210	
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica		NA	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	N/A	
B. If amending the registered agent and/or re agent and/or the new registered office address		ddress on our records, enter the na	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	NIA	Enter Florida street address	
		, 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 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	WANDHER SOUZA	1000 NW IGI AVE, PENBIOKE PIN	<u>/EZ</u> EZVIII
			□Remove
			DChange
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

-	<u></u>								<del></del>		
		<del></del>	····								
							<u> </u>		<del> </del>		
	_										•
							····	<del></del> -			
									·		
						<u> </u>		<del></del> .			
			<del></del>	· .	<del></del>			- <b></b>		-	<del></del>
										•——	
			•							_	
						· · · · · · · · · · · · · · · · · · ·				-	
effective o te: If the	te, if other late is listed, t date inserted (ffective date	he date must I in this blo	be specific ock does no	and cannot ot meet th	be prior to e applicab	date of filin	g or more to y filing rec	han 90 days	o <b>ptiona</b> l after filin s, this dat	g.) Pursuant	to 605.020 be listed a
cord spec s filed.	ifics a delay	effective	: date, but	not an eff	ective time	e, at 12:01	a.m. on th	se earlier o	of: (b) T	he 90th da	y after the
ed				,							
			1/an			· <del>·</del>					
_			Signature o	M	y -					<u></u>	<del></del>
			Vianatura a		ene authori	and concerns	stative of a	member			

Filing Fee: \$25.00