## LZ1000134628

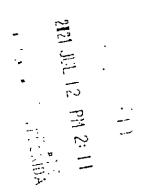
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

W SUBJECT.	isper Inv	estments LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed A	rticles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all	l correspo	indence concerning this matter	to the following:	
		Tomas De Mello		
			Name of Person	<del> </del>
		Wisper Investments LLC		
		<del></del>	Firm/Company	
		13020 SW 92 Ave unit A3	04	
			Address	
		Miami FL 33176		
			City/State and Zip Code	
		tom@tomdemello.com		
		É-mail address: (	to be used for future annual report not	ification)
For further infor	rmation c	oncerning this matter, please ca	all:	
Cristine Fernand	des Dos S	antos	305 562-1751	
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a ch	eck for th	e following amount:		
□ \$25.00 Filir	ng 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)
	g Address		Street Address:	ation.
•	tration S on of C	orporations	Registration Se Division of Cor	
	30x 632		The Centre of T	

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2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wisper Investments LLC

(Name of the Limite	ed Liability Compa (A Florida Limited)	iny as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Limited Li Florida document number L21000134628	ability Company	were filed on $\frac{03/22}{}$	/2021	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here	<b>;</b> :	
N/A				
The new name must be distinguishable and contain the we	ords "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		N/A	- p - ; -	2121
(Mailing address MAY BE A POST OFFICE I	3 <i>OX</i> )		<u> </u>	٠ الال
				7 7
B. If amending the registered agent and/or re	gistered office a	address on our reco	ords, enter the name	of the new registere
agent and/or the new registered office address	s here:			
Name of New Registered Agent:	N/A			
New Registered Office Address:				
-		Enter Florida	street address	
			, Florida	Zip Code
No. B. Carlotte and Co.		City		Zip Code
New Registered Agent's Signature, if changing R				
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in the company	r and complete tered agent as p egistered office	performance of my provided for in Cha	v duties, and I am far upter 605, F.S. Or, if	miliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

8

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	The De Mello Dos Santos Family Living Trust The De Mello Dos Santos Family Living Trust	13020 SW 92 Ave unit A304, Miami FL 33176	<b>=</b> Add
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î ffe	tive date, if other than the date of filing: (optiona	I)		
fan e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	ig.) Pursuai	nt to 605	.0207
<u>Note</u> docu	If the date inserted in this block does not meet the applicable statutory filing requirements, this dament's effective date on the Department of State's records.	te will not	be liste	ed as
2000	months effective date of the Department of State 3 (ceords.			
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	Signatore of a member or authorized representative of a member			

Filing Fee: \$25.00