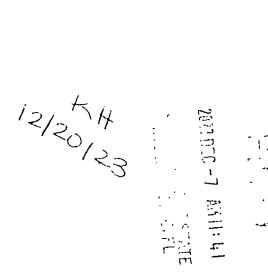


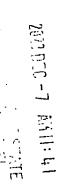
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Tallahassee, FL 32314

COVER LETTER

TO:	Registration Se Division of Cor						
SUBJE	WAKEAPI	LLC					
. товать		Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		LEONARDO FIGUEIREI)()				
			Name of Person				
		SOLUTION ADVISING I	.L.C				
			Firm Company				
		5728 MAJOR BEVD, SUI					
		ORLANDO, FL - 32819	Address				
		SERVICES@ SOLUTIONA	City State and Zip Code ADVISING.COM				
		E-mail address: (to be used for future annual	report notifica	lion)		202
For furth	ier information co	oncerning this matter, please c	all:			:	223 07.0
LEONA	RDO FIGUEIRI	: DO	407 28 at ()	6 5595			-1
	Name of		Area Code	Daytime Te	dephone Number		14:1153
		e following amount:			_	1 * 1	
■ 825.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy Gadditional copy is enc		Certified C	of Status &	
	Registra	NG ADDRESS: ation Section n of Corporations ox 6327	Registrat	I/COURIER tion Section of Corporatio			

2661 Executive Center Circle Tallahassee, FL 32301 DocuSign Envelope ID: 63AA0157-264D-429E-9C6F-6E2AD8DD0472

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAKEAPP LLC		
(Name of the Limited I	Jability Company as it now appears on or Florida Emuted Liability Company)	<u>ir records.</u>)
The Articles of Organization for this Limited Liabi	lity Company were filed on 10/18/201	21 and assigned
Florida document number 1.21000453847	·	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or		
registered agent and/or the new registered office		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
-	City	Florida
	CH	wh com.

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

DocuSign Envelope ID: 63AA0157-264D-429E-9C6F-6E2AD8DD0472 11 amenoing Authorized rerson(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>	Type of Action
AMBR	G CAPITAL VENTURE LLC	8815 CONROY WINDERMERE RD, #411	
		ORLANDO, FL 32835	
			Remove
			Change
AMBR	REM HOLDING GROUP CORP	8815 CONROY WINDERMERE RD. #411	
		ORLANDO, FL 32835	
			☐ Remove
			☐ Change
			☐ Remove
			Ghange
			Add
			Remove
			O Chaine
			Chapige
			Add
			□ Remove
			☐ Change
			Remove
			□ Change

ADD THE MEMBER: RLM HOLDING	GRULLA CUAD			
ADD THE MEMBER, REM HOLDING	GROOF CORF			
EVERYTHING FLSE STAYS THE SA	MF			
			- 	
	 			
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	7-7			
ve date, if other than the date of fil	ing:		(optional)	
ctive date is listed, the date must be specific	and cannot be prior to dat	e of filing or more that	90 days after filing.) P	
If the date inserted in this block does no int's effective date on the Department c		datulory filing requi	rements, this date wi	il not be list
	Traile & Teeville,			
ord specifies a delayed effective 90th day after the record is file	: date, but not an d	effective time,	et 12:01 a.m. or	i the earli
Joan day area the record is me	J.			
11/16/2023				
	DocuSigned by:			
	Rafael leal	A. J. L.		
	l l			
Signature of	a member उर सोतितिहरूर	representative of a mo	indei	

DocuSign Envelope ID: 63AA0157/264D-429E-9C6F-6E2AD8DD0472
D. D. amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00