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T. **MATTHEWS**JAN 2 8 2022

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	RVICES, PLLC	•	
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:	
	WISSAM MARAACHLI		
Name of Person WMC SERVICES, PLLC Firm/Company 4206 EASTGATE DR, APT 1434 Address ORLANDO, FL. 32839 City/State and Zip Code WISM0788@GMAIL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: //SSAM MARAACHLI Name of Person Area Code Daytime Telephone Number			
	WMC SERVICES, PLLC	;	
		Firm/Company	
	4206 EASTGATE DR. A	PT 1434	
		Address	
	ORLANDO, FL. 32839		
		City/State and Zip Code	
	=		
		-	otification)
For further information c	oncerning this matter, please c	all:	
WISSAM MARAACHL	l		
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			Section
Division of C	Corporations	Division of Co	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WMC SERVICES, PLLC

22 Jill 24 Pil 3: 12

(A Flo	orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	ty Company were filed on 10/25/2021	and assigned
Florida document number L21000464182		
This amendment is submitted to amend the following	g:	
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 AL	DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
		
B. If amending the registered agent and/or regist	ered office address on our records, e	nter the name of the new registered
agent and/or the new registered office address her		ner me name of the new registeree
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere	nd complete performance of my dutie	s, and I am familiar with and
being filed to merely reflect a change in the regis company has been notified in writing of this chan	tered office address, I hereby confirm	

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>	Type of Action
AMBR	WISSAM MARAACHLI	4206 EASTGATE DR APT 1434 OR	RLANDO, FL. 32837 ■Add
			Remove
			□Change
			□Add
			Remove
		 	□Add
			Remove
			□Change
			□Add
			Remove
			□Change
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ectiv	e date, if other than the date of filing: (optional) tive 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 605.02
effec te: If	tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	it's effective date on the Department of State's records.
cord.	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
s filee	1.
. 0	1/17/2022
ed _	· · · · · · · · · · · · · · · · · · ·
	AUD
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00