# 121000491979

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## **COVER LETTER**

	istration Sec ision of Corp					
SUBJECT:	Wall Street	Ninja LLC				
30031.01.		Name of Limi	ited Liability Company			
The enclosed	Articles of /	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	idence concerning this matter	to the following:			
		Olga Miniotis				
			Name of Person			
		ABRA Ventures LLC				
		Firm/Company				
		3385 Baltic Drive				
			Address			
		Naples, FL, 34119				
		City/State and Zip Code olgawhotv@gmail.com				
		E-mail address: (t	to be used for future annual report notif	ication)		
For further in	nformation co	oncerning this matter, please ca	dl:			
Olga Miniot			239 529-8525 at ()			
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclosed is a	check for the	e following amount:				
<b>■ \$25.00 I</b>	filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Wall Street Ninja LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number 1.21000491979		and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word		the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	<del></del>
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
	<del></del>	20.2
		20
B. If amending the registered agent and/or reg	vistered office address on our records, enter the	name of the new registere
agent and/or the new registered office address	here:	28
<del></del>		
Nome of New Donistared Agents		
Name of New Registered Agent:		
New Registered Office Address:		<u>.</u>
	Enter Florida street address	
	, Floric	la
	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

Title	<u>Name</u>	Address	Type of Action
AMBR	Travis Bajema	PO Box 82	□Add
		Templeton, CA 93465	■Remove
			□ Change
AMBR	James Morrison	6526 Old Brick Rd	
		STE 120 PMB 156	■Remove
		Windermere, FL 34786	□Change
			□Add
			Remove
			☐Change
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove <sup>g.</sup>

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n effec i <mark>te:</mark> di	e date, if other than the date of filing:
cord s file	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 I.
ted _	OCH 2 to

Filing Fee: \$25.00