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A. BUTLER
JAN 2 5 2022

COVER LETTER

TO:

TO: Registration Sc Division of Cor			
WAYUUT	DINASTY, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GUSTAVO NUNEZ		
		Name of Person	
	PLUSMOREUSA		
		Firm Company	
	13538 VILLAGE PARK I	DR STE 265	
		Address	
	ORLANDO, FL 32837		
		City/State and Zip Code	
	SUNBIZ/a PLUSMOREUS		
For further information c	n-mail address: (one crining this matter, please c	to be used for future annual report not: aff:	neation)
GUSTAVO NUNEZ		800 506-0772	
	f Person	at ()	Sa Talanhana Nuadaa
Name o	. i cison	Area Code Payin	ic reception surfaces
Finclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00) Filing Fee & Certified Copy (additional copy is enclosed)	\$\sum_{\text{C}}\$ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAYUU DINASTY, LLC	<u> </u>	ر المالية	, , · U ,
(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)	
he Articles of Organization for this Limited Liab	ility Company were filed on 12/09/20	21	and assigned
lorida document number 1.21000521036			
his amendment is submitted to amend the follow	ing:		
. If amending name, enter the new name of th	e limited liability company here:		
VAYUU DYNASTY LLC			
he new name must be distinguishable and contain the word	s "Limited Fability Company." the designat	ion "LLC" or the al	obreviation "L.I.C."
Enter new principal offices address, if applicab	e:		
Principal office address MUST BE A STREET	A D D D C C C		
The paragraph and street a			
	 		
Inter new mailing address, if applicable:			
**			
Mailing address MAY BE A POST OFFICE BO	<u></u>		
 If amending the registered agent and/or regi- gent and/or the new registered office address l 		s. <u>enter the nan</u>	ne of the new regis
			
Name of New Registered Agent:	,		
New Registered Office Address:			
	Emer Florida str	et address	
		Florida	Zip Code
	Citr		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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			[i]Change
			UAdd
			□Remove
			□Change
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	12/09/2021
Note: If the date inserted in thi	(optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
e record specifies a delayed crit at is filed	ctive date, but not an effective time, at 12:04 a.m. on the earlier of: (b). The 90th day after the
Oated 01:05	2022
	0 . 70
	Signature of a mergher or authorized representative of a member
	e and a many or a management of a man of
	GUSTAVO NUNEZ
	Typed or printed name of signee

Filing Fee: \$25.00