Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000192076 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC Account Number : I20140000083

Phone : (407)932-0040

: (407)520-5473 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email aidress please.\*\* Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WAYUU DYNASTY LLC

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JUN - 3 2024

## COVER LETTER

	ration Sec on of Corp			
SUBJECT W	AYUU D	NASTY LLC		5
20Blecia			nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all	согтезроп	dence concerning this matter	to the following:	
		MARIBEL RAMIREZ		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		WAYUU DYNASTY LL	C	
			Firm/Company	
		741 WHISPERING CYPF	RESS LANE	
			Address	·········
		ORLANDO, FL, 32824		
			City/State and Zip Code	
		maribel_38@hotmail.com	to be used for future annual report no	siffaetion)
For further infor	mation cor	ocerning this matter, please c	-	in Carlos.
MARIBEL RAI			772 9192663	
	Name of I	erson	nt (	ne Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filin	g Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Piling Fee, Certificate of Status & Certified Copy (edditional copy is enclosed)
Regist Division P.O. B	Address; ration Se on of Co Sox 6327 assee, FI	rporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre Tallahussee, Fl	rporations Tallahassee De Street, Suite 810

It Changing Registered Agent, Signature of New Registered Agent

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAYUU DYNASTY LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now annears on our re- iability Company)	cards.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000521036</u>	were filed on 12/09/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
WAYUU DYNASTY BEYOND INSURANCE LLC		
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Malling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		77/1E
	Enter Floriza street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, If changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutients provided for in CF apter C	es, and I am familiar with and 505, F.S. Or, if this document is

Remove

□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:

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			bbA□
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			☐Change
			□Add

Τo.

Effective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Porsuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be listed as locument's effective date on the Department of State's records.  Precord 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 dis filted.  May 28th  2024  May 28th  2024  May 28th  Repositive of a member of subhorized representative of a member						
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