(((H22000163095 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

9545268825

Fax Number : (850)617-6383

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : I20190000077

Phone : (954)773-7286 Fax Number : (954)526-8825

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* 3

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WAHOO GLOBAL GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

THEMEOX1630953 MAY - 12022

Electronic Filing Menu Corporate Filing Menu

क्षांकरः 💛 🚧 💆 🚈

2022 HAY -6 FILL 4: 09

## **COVER LETTER**

TO:	Registration Secti Division of Corpo	on rations		
		WAHOO GLO	OBAL GROUP LLC	•
SUBJE	ECT:	Name of Limite	d Liability Company	<del></del>
The en	iclosed Articles of At	nendment and fee(s) are subm	itted for filing.	
Please	return all correspond	lence concerning this matter to	the following:	
		ANTONIO GONZALEZ	· .	
			Name of Person	
		GONZALEZ & ASSOCIAT	ES III PA	
			Firm/Company	
		1820 N CORPORATE LAK	E BLVD SUITE 107	
			Address	
		WESTON, FL 33326		<u></u>
			City/State and Zip Code	
		agonzalez@amefinancialgrou	up.com	
		E-mail address: (to	be used for future annual report noti	incation)
For fi	inther information co	ncerning this matter, please ca	n:	
ANT	ONIO J GONZALEZ	Z	954 773-7286 at ()	·
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclo	osed is a check for th	e following amount:		
	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

9545268825

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AHOO GLOBAL			
(Name of the Limit	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number L22000066872	iability Company	were filed on FLORIDA	·	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lial	oility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" o	r the abbrev	ation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
,		<u> </u>	<b>&gt;</b> =	22
		<del></del> ·		122 74
B. If amending the registered agent and/or	registered office	address on our records, enter th	e name of	the new registere
agent and/or the new registered office addr	ess here:		(S) (1)	9 E
Name of New Registered Agent:	N/A		<u>-프</u> 어	P C
New Registered Office Address:	N/A	Enter Florida street address		80 75 ~~~~~
		Enter ritorida street adaress	7>	<del></del>
	N/A	, Flor		Zin Code
		City		AD CORE

## 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

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

9545268825

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	EURI C. PACHECO	6240 PORTSMOUTH LN	:
		DAVIE, FL 33331	Remove
		····	☐ Change
MGR	CARLOS A. LOOR	6240 PORTSMOUTH LN	■ Add
		DAVIE, FL 33331	Remove
			☐ Change
			Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove <sup>-</sup>
			Change
			□Add
			Remove
			Change

N/A							
-							
					<u></u> .		
						<del></del>	·
		~			-		
		_					
						_	
			<del></del>				
				-			
			•			_	
			.,			·	
			<del>_</del>				
							· .
				-			
	<del></del>			<u> </u>			
	<del></del>			•	<del>,</del>		
faatissa das	to if other than the	date of filin	σ:			(optional	) .
n effective d	te, if other than the	t be specific and	d cannot be prior	to date of filing	or more than 90	days after filing	;) Pursuant to 605.02
ote: It the	date is listed, the date must date inserted in this bloom effective date on the Do	DCK BOGS HOLI	meer me appire	auto statuto, y	ming require	neitts, tills use	S WIII NOT DE TISTEG
ouncin o -		· •					
ecord speci	iñes a delayed effectiv	e date, but no	ı an effective ti	me, at 12:01	a.m. on the car	lier of: (b) T	he 90th day after th
is filed.	area a delayed errount	,		·			
ated	MAY 05		2022				
			$\bigcirc$				
			<b>as</b>	$\cdots $			
			thember or auth	<del>iux</del>			

H22000/163095 3

Filing Fee: \$25.00