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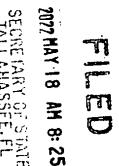
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section **Division of Corporations** W&A INTERNATIONAL GROUP LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: Frania Gutierrez Name of Person W&A INTERNATIONAL GROUP LLC Firm/Company 2823 Timber Hawk Circle Address Ocoee, FL 34761 City/State and Zip Code franiagut24@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 321 274-2816 Frania Gutierrez

Enclosed is a check for the following amount:

Name of Person

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is naclosed)

☐ \$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

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

W&A International Group L.L.C.

company has been notified in writing of this change.

2022 MAY 18 AM 8: 25

(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	TALLAHASSEE, EL
The Articles of Organization for this Limited Liability Company florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
international Group Solutions L.L.C.		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	4964 EAGLESMERE D	RIVE - 824
The second secon	ORLANDO, FL 32819	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office agent and/or the new registered office address here:		enter the name of the new regi
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street	uddress
		, Florida
	City	Zip Code

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

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>	Address	Type of Action
VP	WILCAR JALARCON	4984 EAGLESMERIE DRIVE APT 824 ORLANDO, FL 32819	i⊤i ∧dd
			≡ Remove
		4964 EAGLESMERE DRIVE APT 824 ORLANDO, FL 32819	□Change
VP	LILIAN MACHADO		= Add
			□Remove
			□Change
			□Add
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