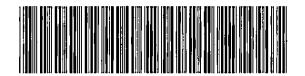
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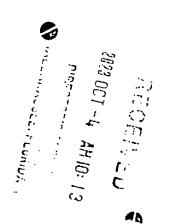
	(Requestor's Name)	
	(Address)	
(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
	(Address)	
	(City/State/7in/Phone #1	
	(City/State/Zip/Filone #)	
PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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Special Instructions to	Filing Officer:	
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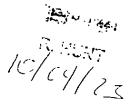
Office Use Only



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CT CORP

(850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

10/04/2023

Date:

	Acc#I20160000072
Name:	Leo@Wildwood, LLC
Document #:	
Order #:	15151819 - 1
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	2023 OCT - 4 P 172: 40 Country of Destination:
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified: Email Address for Annual Report Notificat Plain: ✓ COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 25.00

Thank you!

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
euduce.	LEO@WIL	DWOOD, LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Osvaldo F. Torres			
		•	Name of Person		
		Torres Law, P.A.			
			Firm/Company		
		888 Southeast Third Aven	nue, Suite 400		5
			Address		2023
		Fort Lauderdale, Florida 3	3316		2023 OCT -4 PA (2: 40
			City/State and Zip Code		<u>+</u>
		ozzie@torreslaw.net			
		E-mail address: (to be used for future annual report notifi	cation)	13:1
For further in	nformation c	oncerning this matter, please c	all:		ō -
Osvaldo F. T	Torres -		754 300-5815		
	Name of	f Person		Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	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 Sta Certified Copy (additional copy is e	atus &
	iling Addres gistration S		Street Address: Registration Sec	tion	
-	="	orporations	Division of Corp		
). Box 632		The Centre of Ta	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
orida document number L22000339815. August 2, 2022		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		2023	
		<u></u>	
		<u> </u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered offic gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		me of the new registe	
•	Enter Florida street address		
·	, Florida		
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

LEO@WILDWOOD, LLC

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>	<u>Name</u>	Address	Type of Action
MGR	LEO@WILDWOOD GP, INC.	17501 BISCAYNE BOULEVARD	□Add
		SUITE 300	■Remove
		AVENTURA, Fl. 33160	□Change
MGR	LEO@WILDWOOD DEVELOPMENT, LLC	17501 BISCAYNE BOULEVARD	■Add
		SUITE 300	□Remove
		AVENTURA. FL 33160	□Change
			PAdd Remove Remove
			□ Change
			□Remove
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			-
Effective date, if other than t	the date of filing:	(optional)	. 0207
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing re-	quirements, this date will not be liste	ed as
	ctive date, but not an effective time, at 12:01 a.m. on t	he earlier of: (b) The 90th day after	r the
e record specifies a delayed effected is filed.			
	tive date, but not an effective time, at 12:01 a.m. on t	he earlier of: (b) The 90th day after	r t