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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WIZARD CODE LLC

Certificate of Status	0
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Page Count	04
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2022 OCT 21 PM 3: 28

Electronic Filing Menu

Corporate Filing Menu

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OCT 24 2022 K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIZARD CODE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(A Florida Ellinico E	habitity Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000449872</u> .	were filed on 10/19/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing 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:	address on our records, enter the nam	ne of the new registered
Name Danistanud Office Address		·
New Registered Office Address:	Enter Florida street address	727日
	, Florida	Zin Coite
New Registered Agent's Signature, if changing Registered Agent:	•	Die G
		was to comply with the
I hereby accept the appointment as registered agent and agree	ee to act in this capacity, 1 juriner ag	ree to compiy with the

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
AMBR	Viktor Ziegler	7901 4TH ST N STE 300	X rAdd
		ST. PETERSBURG, FL 33702	🖸 Remove
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ffective date, if other than t an effective date is listed, the date r Note: If the date inserted in this ocument's effective date on the	block does not meet the ap-	plicable statutory fili:	option nore than 90 days after fi ng requirements, this c	ial) ling.) Pursuant to 605 020 late will not be listed a
record specifies a delayed effect is filed.	tive date, but not an effectiv	re time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
_{pated} 10/21	. 2022			
Morren Oak.	Signature of a member or a			

Filing Fee: \$25.00