L22000518387

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COVER LETTER

TO: Registration Se Division of Co					
Wade Glob	al Enterprises LLC				
SUBJECT:	Name of Lin	nited Liability Company	_		
		·····			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Liam Sullivan-Wade				
		Name of Person			
	Wade Global Enterprises I.	LC			
		Firm/Company			
	2645 BULLION LOOP				
	Address			2023 HAR	ing
	Sanford, Florida 32771			4R 20	
	Wadeglobalenterprisesllc@	City/State and Zip Code gmail.com		PH 1: 23	****
	E-mail address: (to be used for future annual report notifica-	ition)	四至 :-	1
For further information of	concerning this matter, please c	all:		m w	
Liam Sullivan-Wade		407 617-0138			
Name o	of Person	at () Area Code Daytime T	elephone Number		
Enclosed is a check for t	he following amount:	·			
□ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee &	☐ \$55,00 Filing Fee &	≣ \$6 0,00 Fili	ng Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate Certified (of Status &	

1.00

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wade Global Enterprises LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record lability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000518387	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 abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2023 H/P 2
Enter new mailing address, if applicable:		0 . 7
(Mailing address MAY BE A POST OFFICE BOX)		F 5177E
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	5
	. Flo	orida
	City	Zip Code
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Liam Sullivan-Wade	2645 BULLION LOOP	
			BAdd
		Sanford, FL 32771	
			Remove
			□Change
AMBR	Cristina Sullivan	2645 BULLION LOOP	
		Sf	🗏 Add
		Sanford, FL 32771	□Remove
			Change
		<u> </u>	
		-	35
			_ Remove
		Mis.	Change
		न्त्र भ ू देश	
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			□Change.

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Effective date, if other than the date of filing:	filing.) Pursuant to 605.0	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) d is filed.) The 90th day after t	.he
	702 1.1.1	
Dated March 16, 2023.	, —	
(\hat{Q}_{0})	2023 KAR 20	المارين المارين المارين
Dated March 16 . 2023. Signature of a member or authorized representative of a member Liam 50111 Van - Wade Typed or printed name of signee	THAR 20 PH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1