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## COVER LETTER

TO:	Registration S Division of Co	Section prorations		N 1-	َ <del>'وَقِ</del> يَ
euo ir		ital International, LLC			
SUBJE	CI:	Name of Lin	nited Liability Company		
The end	losed Articles o	f Amendment and fee(s) are su	omitted for filing.		
Please r	eturn all corresp	ondence concerning this matter	to the following:		
		Jahongir Mamajonov	·: '		
		<del></del>	Name of Person		
		Cindy's Florida, LLC			
			Firm/Сопі <b>ра</b> пу		
		8051 N. Tamiami Trail Su	ite E6		
		777	Address		
		Sarasota, FL 34243	ı		
			City/State and Zip Code		
		lovemyproperty@gmail.com			
		E-mail address: (	to be used for future annual report not	fication)	
For furth	er information of	concerning this matter, please c	all:		
Jahongi	Mamajonov		786 9880083		
	Name o	f Person	at () Area Code Daytin:	e Telephone Number	-
Enclosed	l is a check for t	he following amount:			
<b>■ \$2</b> 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
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P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wise Capital International, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/13/2023 \_\_\_\_\_ and assigned Florida document number L23000076878 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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	Cloud Peak Law Group	8051 N. Tamiami Trail, Suite E6,	
		Sarasota, Fl. 34243	■ Remove
AMBR			☐Change
AMBR Member	Northwest Allies United, LLC	1309 Coffeen Avenue, Suite 1200,	≣Add
		Sheridan, Wyoming, 82801	Петюvе
			□Change
			CJAdd
			□Remove
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Filing Fee: \$25.00