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PICK-UP	WAIT	MAIL
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Office Use Only

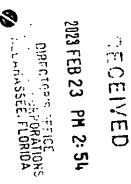
A. RIVERS FEB 2 3 2023



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COVER LETTER . . .

porations				
Name of Lin	nited Liability Company			
Amendment and fee(s) are sub	omitted for filing.			
ondence concerning this matter	to the following:			
Ivan Bravo				
	Name of Person			
Red Square Accounting at	nd Tax, LLC			
Firm/Company				
6052 Turkey Lake Road #144				
Address				
Orlando, FL, 32835				
	City/State and Zip Code	.		
info@redsquaretax.com				
	•	tification)		
	407 717-8150			
f Person	Area Code Daytin	ne Telephone Number		
ne following amount:				
■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Street Address: Registration So	ection		
orporations	Division of Corporations			
7 FL 32314		Tallahassee oe Street, Suite 810		
	Amendment and fee(s) are substituted for the following amount: \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following amount:} \text{Square Accounting are substituted for the following amount:} \$\begin{align*} \text{Square Accounting are substituted for the following are substituted for the following amount:} Square Accounting are subs	Amendment and fee(s) are submitted for filing. Ivan Bravo Name of Person Red Square Accounting and Tax, LLC Firm/Company 6052 Turkey Lake Road #144 Address Orlando, FL. 32835 City/State and Zip Code info@redsquaretax.com E-mail address: (to be used for future annual report no oncerning this matter, please call: at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WASE SAM FIFC		
(Name of the Limited Liability	Company as it now appears on our records.) imited Liability Company)	
(A Fioritia D	unice mainty Company)	
The Articles of Organization for this Limited Liability Con-	npany were filed on 02/13/2023	and assigned
Florida document number 1.23000077232		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	te abbreviation "L.L.C."
Foreign 1 (2012) 1 (67) 1 (11) 1 (12) 1 (13)		. ~3
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
		<u> </u>
		co 1
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		(x)
		2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	,	Tip GVAC
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my duties, and I a nt as provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	OSADCHYY, SERGEIY	175 HILL ST	□Add
		CASSELBERRY, FL 32707	■Remove
			□ Change
AMBR OSADCHYY, SERGIY	OSADCHYY, SERGIY	175 HILL ST	Add
		CASSELBERRY, FL 32707	□Remove
			□Change
			□Add
		 	□Remove
			Change
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te:	we date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
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ted_	
ited _	- Granth.
ited <u>`</u>	Signature of anember or authorized representative of a member

Filing Fee: \$25.00