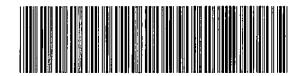
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

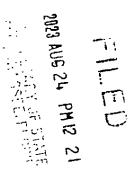
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08/24/23--01017--001 ++25.00



A. RAMSEY SEP 20 2023

COVER LETTER

	vision of Cor			·
orth Hezer		.UST INTERNATIONAL GR	OUP. LLC	
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of .	Amendment and fec(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Joanna Alicea		
			Name of Person	_
		Reliable Pro Services, LLC		
			Firm/Company	
		1400 Kimdale ST E. Suite	S	
			Address	
		Lehigh Acres, FL 33936		
			City/State and Zip Code	
		info@closingproservices.co	m to be used for future annual report i	notification)
For further	information c	oncerning this matter, please co		
Joanna Alio	cea		239 281-9119 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is	a check for the	he following amount:		
■ \$25.00	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 Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address	
	egistration (ivision of C	Section Forporations	Registration Division of C	
	O. D 622			of Tallahassaa

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**

FILED

WANDERLUST INTERNATIONAL GROUP, 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 Li	ability Company	were filed on $\frac{03/20}{2}$	0/2023 and assigned	
Florida document number L23000141085	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company hero	<u>e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1400 Kimdale ST E Suite 8		
Principal office address MUST BE A STREE		Lehigh Acres, FL	33936	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BON)</u>	1400 Kimdale ST Lehigh Acres, FL		
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:			cords, <u>enter the name of the new registerec</u>	
	1400 Kimda	le ST E Suite 8		
New Registered Office Address:	1400 1011100		la street address	
	Lehigh Acres		Florida 33936	
	 -	City	Zip Code	

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

Thereby 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.

hanging 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>	Name	Address	Type of Action
MGR	Reliable Pro Services, LLC	1400 Kimdale St E Suite 8 Lehigh Acres FL 33936	= Add
			□Remove
			□Change
MGR	Garcia Corp of Florida, LLC	1400 Kimdale St E Suite 8 Lehigh Acres FL 33936	= Add
			□Remove
			□Change
MGR	Sandra Coracelin		□Add
		16211 SW 18TH ST MIRAMAR, FL 33027	≣Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			[]Remove
			□Change
			🗀 Add
			□Remove
			□Change

NEW AMBR = CARCIA C	ORP OF FLORIDA, LLC			
<u></u>				
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		-		
			<u>.</u>	
	\sim	1-210-	•	
tive date, if other than th Tective date is listed, the date mi		123/23	<u> </u>	
If the date inserted in this b	block does not meet the app	licable statutory filing re		
nent's effective date on the I	Department of State's recor	us.		
rd specifies a delayed effecti	ive date, but not an effective	e time, at 12:01 a.m. on (he earlier of: (b) The 90	th day after
iled.				
3/23/	23	·		
	11:00	$\overline{}$		
	Signature of a member or ac	,		

Filing Fee: \$25.00