# L330003399048

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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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2023 MAY 23 AH TO 02
SECRETARY OF STATE
SECRETARY OF STATE
AND AHASSEE, FLORIDA





### \*\*\*IMPORTANT NOTICE\*\*\*



PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

## INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Tuesday, May 16, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

 Articles of Amendment For: WARAPITA, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

## Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

#### **COVER LETTER**

. "

TO:	Registration Se Division of Cor						
SUBJI	ect: <u>Warapi</u>		ited Liability Company	<del></del>			
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Corporate Maintenance Lead					
	Processing Department						
	Firm-Company  1450 Vassar St						
	Address						
	Reno, NV 89502  City/State and Zip Code						
		E-mail address: ()	to be used for future annual report not	(fication)			
For fur		oncerning this matter, please co					
	Process Name o	ing Department (Person	at (800 ) 638-2320 Daytin	ne Telephone Number			
Enclos	ed is a check for th	ne following amount:					
Ø \$2	5.00 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)			
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 assec. FL 32314	STREET/COUR Registration Secti Division of Corpo Clitton Building 2661 Executive C	on orations			

Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WARAPITA, LLC				
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)  ipany)			
The Articles of Organization for this Limited Liability Company were filed Florida document number L23000229048	on 05/09/23 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability comp;	any 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:	7AL SE 282			
Principal office address MUST BE A STREET ADDRESS)	A A A			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	AY 23 AM 2 22 ETARY OF STALE HASSEE, FLORIDA			
3. If amending the registered agent and/or registered office address to a second registered agent and/or the new registered office address here:	ess on our records, enter the name of the			
Name of New Registered Agent:				
New Registered Office Address:				
En	Enter Florida street address			
City	, Florida Zip Code			
X II)	ray van			

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	Alfredo Enrique Bertorelli	3850 Bird Road Suite 603	
		Miami	🗹 Remove
		FL, 33146	Change
MGR_	Alfredo Bertorelli	3850 Bird Road Suite 603	_ ☑ Add
		<u>Miami</u>	Remove
		FL, 33146	
			☐ Remove
			Change
			□ Remove
		<del></del>	☐ Change
			Remove
			Change
			□ Remove
			Change

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00