## 123000342339

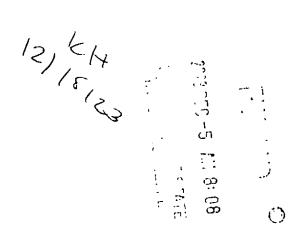
(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500419639225

12/05/23--01012--024 ++25.00



## **COVER LETTER**

Division of	Corporations	
CUDICAT.	WISE MERCURY 62 LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corr	respondence concerning this matter to the following:	
	MARLENY OROZCO	
	Name of Person	
	WISE MERCURY 62 LLC	
	Firm/Company	
	27808 AUSTIN WOODS DR.	
	Address	
	DADE CITY, FL 33525	
	City/State and Zip Code	
	moleali@yahoo.com  E-mail address: (to be used for future annual report notification)	
·For further informat	ion concerning this matter, please call:	
CARI.	OS F RODRIGUEZ: 813 368-5277	
N:	ame of Person Area Code Daytime Telephone Number	177 203 050
Enclosed is a check	for the following amount:	Çı
■ \$25.00 Filing F	Certificate of Status     Certified Copy     (additional copy is enclosed)     Certified Copy  Certified	e of Status &

TO:

Registration Section

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

WISE MERC	URY 62 LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears liability Company)	on our records.)		
he Articles of Organization for this Limited Liability Company	were filed on	07/19/2023	and assign	ed
orida document numberL23(XX)342339				
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :		
N/A				
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	signation "LLC" or the	abbreviation "L.L.C	
nter new principal offices address, if applicable:	N/A			
rincipal office address MUST BE A STREET ADDRESS)			<u></u> .	
nter new mailing address, if applicable:	N/A			
failing address MAY BE A POST OFFICE BOX)				
. If amending the registered agent and/or registered office a				
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	address on our re	cords, <u>enter the na</u>	ime of the new ro	egistei 1
Name of New Registered Agent:			U1	<u>,</u>
New Registered Office Address:	Europ Ulom	da street address	<u> </u>	
	EMUT FIORI	, Florida	80	
	City		Zin 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 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>	<u>Address</u>	Type of Action
MGR	MARLENY OROZCO	27808 AUSTIN WOODS DR.	□Add
		DADE CITY, FL 33525	■Remove
			Change
MGR	CARLOS F RODRIGUEZ	27808 AUSTIN WOODS DR.	
		DADE CITY, FL 33525	<b>≅</b> Remove
			☐ Change
MGR	WISE MERCURY HOLDING LLC	27808 AUSTIN WOODS DR.	
		DADE CITY, FL 33525	□Remove
		<del></del>	Change
			DÂdd
			□Remove
			□Ghange
			Add ○
			□Remove
		<del></del>	□Change
	<del></del>		□Add
		<del></del>	Remove
			□ Change

		<del></del>			
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
<del>-</del>					
		<u> </u>			
			······		
				<del></del>	<del></del>
					· · · · · · · · · · · · · · · · · · ·
				<u>.</u>	
	<u> </u>		•	· <del>-</del> ···	<del>다 중</del>
					<del></del>
ote: If the	ate, if other than the date of date is listed, the date must be spece e date inserted in this block doe effective date on the Departme	s not meet the applica	o date of filing or more ble statutory filing re	(optional) than 90 days after filing.) quirements, this date	ත Pursuant to 605,0207 (
record spe Lis filed.	cifies a delayed effective date, b	ut not an effective tir	ne, at 12:01 a.m. on t	he earlier of: (b) The	e 90th day after the
ated	NOVEMBER 30th	2023			
	NOVEMBER 30th  Signature	orling or	weo		
		a of a mambar fr autho	mind representative of a	mamhar	
	Signatui	e of a filemoet of autho	rized representative or a	imenioci	