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Account Number : I20170000056 Phone : (954)842-2931

: (954)842-2936 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

	egistration Se ivision of Cor		
STIP IE CT	BUILD WI	SE INVESTMENTS, LLC.	
SUBJECT	•	Name of Lin	nited Liability Company
The enclose	ed Articles of a	Amendment and fee(s) are sub	bmitted for filing.
Please retu	rn all correspon	ndence concerning this matter	r to the following:
		MALIUCHENKO, MAK	SYM
			Name of Person
		BUILD WISE INVESTM	ENTS, LLC.
			Firm/Company
		4111 S OCEAN DR UNIT	rous _{e de la compa}
			Address
		HOLLYWOOD, FL 3301	9
			City/State and Zip Code
		Name of Limited Liability Company mendment and fee(s) are submitted for filing. mace concerning this matter to the following: MALIUCHENKO, MAKSYM Name of Person BUILD WISE INVESTMENTS, LLC. Firm/Company 4111 S OCEAN DR UNIT CU5 Address HOLLYWOOD, FL 33019 City/State and Zip Code Devicontractor@gmail.com E-mail address: (to be used for future annual report notification) erning this matter, please call: TM 75+ Area Code Daytime Telephone Number S100.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Ocpy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
For firther	MALIUCHENKO, MAKSYM MALIUCHENKO, MAKSYM Name of Person BUILD WISE INVESTMENTS, LLC. Firm/Company 4111 S OCEAN DR UNIT CUS Address HOLLYWOOD, FL 33019 City/State and Zip Code bwicontractor@gmail.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: ENKO, MAKSYM Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Certified Copy Certified Copy		
			Control of the Control
MALIUCH		Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: MALIUCHENKO, MAKSYM Name of Person BUILD WISE INVESTMENTS, LLC. Firm/Company 4111 S OCEAN DR UNIT CU5, Address HOLLYWOOD, FL 33019 City/State and Zip Code bwicontractor@gmail.com E-mail address: (to be used for future annual report notification) remation concerning this matter, please call: IKO, MAKSYM Name of Person Total Code Daytime Telephone Number heck for the following amount: ing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certificate Of Status & Certified Copy Certificate Of Status & Certified Copy Certified Copy	
	Name of	Person	Area Code Daytime Felephone Number
Enclo se d is	a check for the	e following amount:	
■ \$25.00	Filing Fee		Certified Copy Certificate of Status & Certified Copy
Re Di P.	edling Address egistration S ivision of Co O. Box 6327 allahassee, F	ection orporations	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

FILED
2025 JAN 17 AM 9: 41
TALLAHASSI E FLORIGI,

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BUILD WISE INVESTMENTS, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limit	ed Liability Company were filed on \(\frac{08/23/2023}{2023}\)	and assigned
Florida document number L23000397550		
This amendment is submitted to amend the	following:	
A. If amending name, enter the new name	ne 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 a	oplicable:	
(Principal office address MUST BE A ST	REET ADDRESS)	
Enter new mailing address, if applicable	:	
<u>Mailing address MAY BE A POST OFF</u>	CE BOX)	
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	or registered office address on our records, <u>en</u>	ter the name of the new registe
agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:	·	
New Registered Office Address:	The ALL CARRES	
CHECKE STREET	Enter Florida street ad	dress
	<u> </u>	; Florida
	City	Zip 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 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

2.

Title	<u>Name</u>	Address	Type of Action
AMBR	MALIUCHENKO, MAKSYM	1850 S OCEAN DR APT 4309	
		HALLANDALE BEACH, FL 33009	≣Remove
			Change
			□Add
			DRemove
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			DAdd
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		the
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	
is filed		
is filed		
is filed		

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Filing Fee: \$25.00