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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I2019000068 : (407)326-8484 Fax Number : (407)604-6519

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

Email Address: ____contact@medeirossouza.com

Equal LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILDSOUL INTERNATIONAL LLC

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		Rubem Souza			
			Name of Person		
		Medeiros Souza corp			
			Firm/Company		
		1711 Amazing Way, Ste 2	13		
			Address		
		Ococc, FL 34761			
		contact@medcirossouza.com	City/State and Zip Code		
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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



WILDSOUL INTERNATIONAL 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 Liability Company were filed on $\frac{02/15/2024}{1}$ and assigned Florida document number 1.24000080256 This amendment is submitted to amend the following: A. If amending name, enter the new name 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: MEDEIROS SOUZA CORP Name of New Registered Agent: 1711 Amazing Way, Ste 213 New Registered Office Address: Enter Florida street address __, Florida 34761 Zip Code Occee City

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

Τa.

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	<u>Address</u>	Type of Action
AMBR	JOAO CANALI	1711 AMAZING WAY STE 2130COEE, FL 34761	🗀 Add
			□Remove
			Change
MGR	JOAO CANALI	1711 AMAZING WAY STE 2130COEE, FL 34761	□Add
		enter me	□Remove
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the record specifies a delayed effectord is filed.	tive date, but not an effective ti	me, at 12:01 a.m. on the car	fier of: (b) — The 90th day after the
Orlando Dated	02/19/202-	<u>.</u>	
Α,	· 	-	

Typed or printed name of signee