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Division of Corporations

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To:

Division of Corporations
Fax Number : (350)617-6383

From:

Account Name : MEDEIROS SOUZA CORP
Account Number : 120190000066
Phone : (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@medeirosouza.com

2024 JUL 29 AM 11:29
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT OF STATE
DIVISION OF CORPORATIONS

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

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K. SALY

JUL 30 2024

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/15/2024 and assigned Florida document number 123000080256.

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 "L.L.C."

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:

Name of New Registered Agent: MEDROS SOUZA CORP

New Registered Office Address: 1711 Amazing Way, Ste 213

Enter Florida street address

Ocoee

City

Florida 34761

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CANALI JOAO	16043 PEBBLE BLUFF LOOP	☐ Add
		WINTER GARDEN, FL 34787	☒ Remove
			☐ Change
MGR	CANALI JOAO	16043 PEBBLE BLUFF LOOP	☐ Add
		WINTER GARDEN, FL 34787	☒ Remove
			☐ Change
AMBR	Vinicius Mateus Guhn	16043 PEBBLE BLUFF LOOP	☒ Add
		WINTER GARDEN, FL 34787	☐ Remove
			☐ Change
AMBR	Vinicius Emerson Canali Alegre	16043 PEBBLE BLUFF LOOP	☒ Add
		WINTER GARDEN, FL 34787	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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REGISTRATION
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