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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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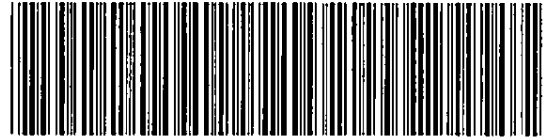
(Business Entity Name)

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R. HUNT

03/25/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEALTH WISE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PRIYANKA RANGARAJU

Name of Person

WEALTH WISE LLC

Firm/Company

18147 Back Stretch Ln

Address

Tampa, FL 33647

City/State and Zip Code

priyankarangaraju88@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PRIYANKA RANGARAJU

640 4448685
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

WEALTH WISE LLC

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>
MGR	PRIYANKA RANGARAJU	18147 Back Stretch Ln Tampa FL 33647	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Dated March 15 2024

PRIYANKA RANGARAJU

Filing Fee: \$25.00