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Office Use Only



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COVER LETTER

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Registration Section Division of Corporations

TO:

WEALTH SUBJECT:	WISE LLC					
SUBJECT.	Name of Lin	nited Liability Compar	ıy			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	PRIYANKA RANGARA	JU				
		Name of Perso	on		-	
	WEALTH WISE LLC					
		Firm/Compan	У		-	
	18147 Back Stretch Ln					
Address						
	Tampa, FL 33647					~ ;
		City/State and Zip	Code		•	:
	priyankarangaraju88@gma				-	
	E-mail address: (to be used for future a	nnual report not	ification)	٠.	v:
For further information c	concerning this matter, please c	all:			,÷.	
PRIYANKA RANGARAJU		640 at (4448685			13 5: 46
Name o	f Person	Area Code	Daytim	ne Telephone Number	1+4	C)
Enclosed is a check for the	he following amount:					
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional copy	ру	Certified	te of Statu	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 7	Rej Div The 241	eet Address: gistration Se vision of Cor e Centre of T 15 N. Monro Hahassee, FL	porations Fallahassee e Street, Suite 8	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEALTH WISE 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 February 26, 2024 and assigned Florida document number L24000098039 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: New Registered Office Address: Enter Florida street address Florida_

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.

City

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>	Address	Type of Action
m GR	PRIYANKA RANGARAJU	18147 Back Stretch Ln Tampa FL 33647	= Add
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			🗆 Change
	·		□Add
		<u> </u>	□Change
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			Remove
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Febr	uary 26, 202	4			
ective date, if other than the date of filing:	be prior to dat	e of filing or n	ore than 90 da	(optional) ys after filing.) I	Pursuant to 605,0
te: If the date inserted in this block does not meet the cument's effective date on the Department of State's re-	: applicable s	statutory filin	g requiremen	its, this date w	ill not be listed
ecord specifies a delayed effective date, but not an effe	ctive time. a	t 12:01 a.m.	on the earlie	rofi(h) The	90th day after
s filed.			con the carrie	· O. (O)	will day after
N 145					
March 15 2024	·				
10.1	~				
(C) - 1					
Signature of a member	or authorized	representative	of a member	· · · · · ·	

Filing Fee: \$25.00