

L 24000193019

Florida Department of State  
Division of Corporations  
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Fax Number : (850)617-6383

From: Account Name : FAIL SAFE ACCOUNTING LLC  
Account Number : I20230000132  
Phone : (407)201-7988  
Fax Number : (407)553-2856

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WILDSTONE SERVICES LLC

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Corporate Filing Menu

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K. SALY

JUL 10 2024

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

((H24000166153 3)))

WILDSTONE SERVICES LLC

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

FILED  
2024 JUL -9 AM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/24/2024 and assigned  
Florida document number L24000193019

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:

20 S ROSE AVE

(Principal office address MUST BE A STREET ADDRESS)

SUITE 4

KISSIMMEE, FL 34741

Enter new mailing address, if applicable:

20 S ROSE AVE

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 4

KISSIMMEE, FL 34741

**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 \_\_\_\_\_

*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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H24000166153 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	RAMIREZ JIMENEZ, LILIANA	2344 VIRGINIA DR	<input checked="" type="checkbox"/> Add
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