Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000166153 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: FAIL SAFE ACCOUNTING LLC Account Name

Account Number : I20230000132 Phone : (407)201-7988

: (407)553-2856

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er the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\*

Email Address: info a failsafetax com

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

Certificate of Status 0	
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K. SALY

JUL 1 0 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000166153 3)))

WILDSTONE SERVICES LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L24000193019	any as it now appears on our records.) Liability Company)  y were filed on 04/24/2024 and assigned
Florida document number	Y
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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
Euter 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 agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

## 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:

(((H24000166153 3)))

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	RAMIREZ JIMENEZ, LILIANA	2344 VIRGINIA DR	≣Add
		KISSIMMEE, FL 34741	□Remove
			□Change
	<u> </u>		
			ORemove  ALCO OCHORGE  ASSICIATED  Add  ACTORETOR  ACTO
			Remove 25
			□Add
			□Remove
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			□Change (((H24000166153 3)))

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