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ETT INTESTATE

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COVER LETTER

Registration Section

TO:

Division of Cor	porations				
EQUIWISE	E INVESTMENTS & CONSU	LTING LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	DONNA WILDES				
		Name of Person			
EQUIWISE INVESTMENTS & CONSULTING LLC					
		Firm/Company			
	1647 SW 22ND TERRAC	Е			
		Address			
	OKEECHOBEE FL 34974	i.			
	-	City/State and Zip Code	<u> </u>		
	DONNA.WILDES@PREM	HERCONSULTINGSOLUTION.COM	 اند م		
	E-mail address: (to be used for future annual report notification	(ne)		
For further information c	oncerning this matter, please c	ail:	AM 8: 09		
DONNA WILDES		863 634-3023 at ()	AIE		
Name o	f Person	Area Code Daytime Tele	ephone Number		
Enclosed is a check for the	he following amount:				
€ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address: Registration Section	1		
Registration Section Division of Corporations		Division of Corpora			
P.O. Box 6327		The Centre of Talla	hassee		
Tallahassee, FL 32314		2415 N. Monroe Str	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUIWISE INVESTMENTS & CONSULTING 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 $\frac{5/6/2024}{1}$ and assigned Florida document number <u>L24000210683</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DONNA WILDES, LLC 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

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>	Address	Type of Action
			
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be pote: If the date inserted in this block does not meet the approximent's effective date on the Department of State's reco	prior to date of filing or more that plicable statutory filing requ	(optional) n 90 days after filing.) Pu irements, this date wil	rsuant to (505.0207 isted as
bedment's effective date on the Department of State Steet			Nh day a	fter the
record specifies a delayed effective date, but not an effectiv	ve time, at 12:01 a.m. on the	earlier of: (b) The 90	All day a	
record specifies a delayed effective date, but not an effective distilled.		earlier of: (b) The 90	All day a	
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Filing Fee: \$25.00