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(Re	guestor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
		
(Bu:	siness Entity Nan	ne)
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Special Instructions to		
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COVER LETTER

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enb rec				
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	Wise Endeavours LLC Name of Limited Liability Company			
Please ret	urn all correspe	ondence concerning this matter	to the following:	
	Division of Corporations Wise Endeavours LLC Name of Limited Liability Company et enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: Mark R. Wise			
			Name of Person	
		Wise Endeavours LLC		
			FirmvCompany	
		1235 Providence Blvd, Sto	: R PMB 1129	
			Address	···
		Deltona, FL 32725		
			City/State and Zip Code	
		mark@wiseendeavours.com	n	
		E-mail address: (to be used for future annual report noti	fication)
For furthe	r information c	concerning this matter, please c	all:	
Mark R.	Wise			
Name of Person			Area Code Daytim	ie Telephone Number
Enclosed	is a check for th	he following amount:		
□ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ction
	~		Division of Cor	porations
]	Fallahassee. I	rl. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip Code	
	Deltona		orida <u>32725</u>	
		Enter Florida street addres	38	
New Registered Office Address:	111 Saxon Blvo	1		
Name of New Registered Agent:				
			;- 73	
. It amending the registered agent and/or re gent and/or the new registered office addres		idaless on our records, <u>enter</u>		
. If amending the registered agent and/or re	wictoral office	iddraw on our rooards ontor	the name of the non-region	
		Deltona, FL 32725		
<u>Mailing address MAY BE A POST OFFICE I</u>	3 <i>0X)</i>	1235 Providence Blvd, Ste R F		
Enter new mailing address, if applicable:		Wise Endeavours LLC	:=	
(Principal office address MUST BE A STREET ADDRESS		Deltona, FL 32725		
Enter new principal offices address, if applicable:		H1 Saxon Blvd		
·		Wise Endeavours LLC		
ne new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."	
If amending name, enter the new name of	the limited liab	ility company here:		
his amendment is submitted to amend the follo				
lorida document number L24000386997	·			
he Articles of Organization for this Limited Lis	ability Company	were filed on	and assigned	
	.LTCC.		4 and animal	
(<u>Name of the Limite</u>	<u>d Liability Compa</u> A Florida Limited I	ny as It now appears on our record lability Company)	<u>ls.</u>)	
Wise Endeavours LLC				

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 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
AMBD =	Authorized Mamber

<u>Title</u>	<u>Name</u>	Address	Type of Action
			OAdd
			□Remove
			□Change
			□ Add
			□Change
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ective date, if other than the did effective date is listed, the date must be: If the date inserted in this blockument's effective date on the Department.	be specific and cannot be priock does not meet the applic	r to date of filing or cable statutory fil	more than 90 days at	fter filing.) Pursuant to	605.020° listed as
cord specifies a delayed effective s filed.	date, but not an effective t	time, at 12:01 a.n	n, on the carlier of:	(b) The 90th day a	ifter the
November 5	2024				
	 ,	<u> </u>			
110	·				
Make	disconsister of a member or auth	iorized representati	ive of a member		

Filing Fee: \$25.00