

L24000432730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

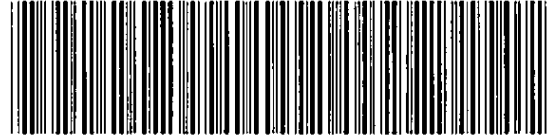
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/29/24--01030--009 \*\*25.00

24 OCT 28 11 51 AM  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WAM Consulting, LLC  
\_\_\_\_\_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jairo Rodriguez  
\_\_\_\_\_

Name of Person

WAM Consulting, LLC  
\_\_\_\_\_

Firm/Company

1459 Banks Rd  
\_\_\_\_\_

Address

Margate, Florida 33063  
\_\_\_\_\_

City/State and Zip Code

Receptionist@guardianlaw.com  
\_\_\_\_\_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jairo Rodriguez  
\_\_\_\_\_

561 312-4721  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jairo Rodriguez	1459 Banks Rd	<input type="checkbox"/> Add
		Margate, Florida 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alexander Rodriguez	1459 Banks Rd	<input type="checkbox"/> Add
		Margate, Florida 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sebastian Rodriguez	1459 Banks Rd	<input type="checkbox"/> Add
		Margate, Florida 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RODRIGUEZ ENTERPRISE GRO	1459 Banks Rd	<input checked="" type="checkbox"/> Add
		Margate, Florida 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Zero Reading

Jairo Rodriguez

Typed or printed name of signee