

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000200257

Entity Name: WISDOM3, LLC**Current Principal Place of Business:**1975 EAST SUNRISE BLVD
SUITE 746
FT LAUDERDALE, FL 33304**Current Mailing Address:**1975 EAST SUNRISE BLVD
FT LAUDERDALE, FL 33304 US**FEI Number:** 84-2717949**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETER, OLADOKUN ADMINISTRATOR
1975 EAST SUNRISE BLVD
SUITE 746
FORT LAUDERDALE, FL 33304 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** OLADOKUN PETER**02/24/2022**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	OLADOKUN, PETER
Address	1975 EAST SUNRISE BLVD
City-State-Zip:	FT LAUDERDALE FL 33304

Title	AUTHORIZED MEMBER
Name	CHISING EPSE FONCHA, FELICIA
Address	1975 EAST SUNRISE BLVD SUITE 746
City-State-Zip:	FT LAUDERDALE FL 33304

Title	AUTHORIZED MEMBER
Name	MUNYA, KATIA
Address	1975 EAST SUNRISE BLVD SUITE 746
City-State-Zip:	FT LAUDERDALE FL 33304

Title	AUTHORIZED MEMBER
Name	WARDE, FITZROY
Address	1975 EAST SUNRISE BLVD SUITE 746
City-State-Zip:	FT LAUDERDALE FL 33304

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER OLADOKUN**MANAGER****02/24/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date