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Division of Corporations

Fax Number : (850)617-5383

From:

Account Name : MARIA F DIAZ CPA LLC

Account Number : I20140000050 Phone : (954)499-2829 : (754)260-5953 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emp41	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-**BLACKWOLF ACCOUNTING LLC**

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COVER LETTER

	Registration Se Division of Cor			
		DLF ACCOUTING LLC		
SUBJEC	CT;	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		MARIA F DIAZ		
			Name of Person	-
		MARIA F DIAZ CPA LLO	C	
			Firm/Company	
		12741 MIRAMAR PARK	WAY SUITE 205	
			Address	
		MIRAMAR, FL 33027		
			City/State and Zip Code	
		MDIAZ@MARIADIAZCP		····
			to be used for future annual report notif	leation)
For furth	er information e	oncerning this matter, please c	all:	
MARIA	F DIAZ CPA		954 2929039 at (
	Name o	f Person	Area Codo Daytime	e Telephone Numbor
Enclosed	l is a check for th	ne following amount:		
≌ \$25.	00 Filing Fee	S30.00 Filing Fcc & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling Addres Registration S	Section	Street Address: Registration Sec	
	Division of C P.O. Box 632		Division of Con The Centre of T	
	Tallahassee, I			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKWOLF ACCOUNTING LLC		
(Name of the Limited Liability Comps (A Florida Limited)	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/03/2020	and assigned
Florida document number L20000070864		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BLACKWOLF INVESTMENTS LLC		
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:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
training address may be the old of the post		
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 t</u>	he name of the new registered
agent and of the new registered office address needs.		2023
Name of New Registered Agent:		
New Registered Office Address:		, .
New Adriated Office Address.	Enter Florida street address	
	, Floi	ida
	City	Zip Coda
New Registered Agent's Signature, if changing Registered Agent:		. 12

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	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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Note:	tive date, if other the foctive date is listed, the lift inserted in mont's effective date o	n this block does :	not meet the app	licable statutory f	iling requirements, th	cional) or filing.) Pursuant to 605.02 his date will not be listed :
recor d is fil		effective date, bu	t not an effective	e time, at 12:01 a.	m, on the earlier of: ((b) The 90th day after th
	04/10/8 ME 23		2023			
Dated						
Dated)d)aus.	E.O.	ک		
Dated	74) Qua. Signature	of a member or au	thorized represents	tive of a member	

Filing Fee: \$25.00