L20000367546

(Re	equestor's Name)	
· (Ac	ldress)	
(Ad	idress)	
(Či	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Cenified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000351528180

20 SEP -9 AM 9: 16

SECRETARY OF STATE

Omend/ Name Chang



SER 10 2013

D CUCHING



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: September 0	9, 2020	Accounts: 12000000	10000	
Name: David Shu	ılman			
Reference #: 1	262455			
Entity Name:	WOLF RESID	ENTIAL GROUP LLC		
Articles of Incorporat	tion/Authorization to	o Transact Business		
✓ Amendment				
Change of Agent		ICCUTES CALL		
Reinstatement		ISSUES? CALL David :		. 2
Conversion		850-270-0082	20 SEF	\. \. \. \. \. \. \. \. \. \. \. \. \. \
☐ Merger			رن ا رط	SETAR SETAR
☐ Dissolution/Withdrav	val		<u>></u>	20830 40 A 037
Fictitious Name			2 1.6	STATI
Other				SKO E

Authorized Amount:

\$25.00

Signature:



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: September 09, 2020	Account#: 12000000	J0088
Name: David Shulman	_	
Reference #: 1262455		
Entity Name: WOLF	RESIDENTIAL GROUP LLC	_
Articles of Incorporation/Author	ization to Transact Business	
✓ Amendment		
Change of Agent	VCOVIDOR O	
Reinstatement	ISSUES? CALL David:	SE ∾!∀!!S 20
Conversion	850-270-0082	SEP
☐ Merger		ARY CO
☐ Dissolution/Withdrawal		OF ST
☐ Fictitious Name		1.6 VILON VILON
Other		<i></i>

Authorized Amount:

\$25.00

Signature:

+44 (0)20.3786.1090

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Wolf Res	sidential LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	M	legan Waters		
		Name of Person		
	Bl	JPD Law, Ltd.		
		Firm/Company		. <u></u>
	225 W. Illii	nois Street, Suit	e 300	VISIA 20 SI
		Address	· ·	:34 ef
	Chica	go, Illinois 6065	4	. 00
		City/State and Zip Code		MM 9:
		ers@bupdlaw.com o be used for future annual report notifi	cation)	9 8 8
For further information co	oncerning this matter, please ca	•		4. O
	Megan Waters	at (<u>312</u>)	475-9900	_
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	e following amount:			
# \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	2\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is 	tatus &
Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURIF Registration Section Division of Corpora	1	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wolf Residential LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny <u>as it now appears on c</u> Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company		8/27/2020	and assign	œd
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Wolf Residential Group LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	ation "LLC" or the abb	previation "L.L.C	
Enter new principal offices address, if applicable:	171 N. Aberdeen Stre	eet, Suite 400		; <u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Chicago, Illinois 606	07	20	515
			171 171 18	
			-9	- FR
Enter new mailing address, if applicable:	171 N. Aberdeen Stre	eet, Suite 400		2007 1007 1007 1007
(Mailing address MAY BE A POST OFFICE BOX)	Chicago, Illinois 606	07		SES
				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our record	ds, <u>enter the name</u>	of the new r	egistered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida st	reet address		
		Pleside		
-	City	, Florida	Zip Code	
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	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			Add
		-	Remove
			Remove
			Add
			Change
<u> </u>			
			□ Remove
			Change
			Permove

-	
_	
-	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
fectiv	ve date, if other than the date of filing:
OIC, I	ve date, if other than the date of filing:
ecord is file	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 d.
ted_	September 8 2020
	0 1
	- Nandphoto)
	Signature of a number or authorized representative of a member