

LD3000000950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

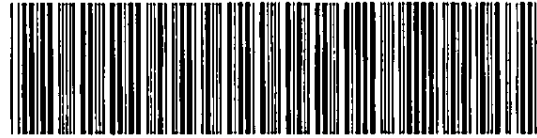
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 15 A 7:45

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09/25/18--01016--019 **81.25

10/17/2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2018

MARY WOLF
7450 FAIRLINKS CT
SARASOTA, FL 34243

SUBJECT: MARY WOLF ENTERPRISES, LLC
Ref. Number: L03000000950

We have received your document for MARY WOLF ENTERPRISES, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 018A00020278

2018 OCT 15 AM 10:09

FILED

2018 OCT 15 AM 10:09

RECEIVED

COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT: MARY WOLF ENTERPRISES, 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:

MARY WOLF
Name of Person

MARY WOLF ENTERPRISES, LLC
Firm/Company

7415 FAIRLINKS COURT
Address

SARASOTA FL 34243
City/State and Zip Code

77 MARY WOLF @ GMAIL . COM
E-mail address: (to be used for future annual report notification)

FILED
JUL 15 A 7:47

For further information concerning this matter, please call:

MARY WOLF at (941) 359-1466
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Check #1256 for \$61.25
was cashed
on 9/28/18

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MARY WOLF ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number _____.

This amendment is submitted to amend the following:

1. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

2. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

IGR = Manager

MBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	MARLA WOLF	7415 FAIRLINKS CT SARASOTA FL 34243	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

JUL 5 1967
 1000

FILED
OCT 15 4 1964
FBI - MEMPHIS

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

b) The 90th day after the record is filed.

Dated October 8, 2018

Mary Wolf
Signature of a member or authorized representative of a member

MARY WOLF
Typed or printed name of signee