

LD9000047372

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUN 20 PM 12:46

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J. SAULSBERRY  
EXAMINER

JUN 22 2011

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Wolf Trade Services 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:

Hector Torres

Name of Person

Wolf Trade Services LLC

Firm/Company

2743 Montego Bay Blvd

Address

Kissimmee, FL 34746

City/State and Zip Code

hector@wolftradeservices.com

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

For further information concerning this matter, please call:

Hector Torres

Name of Person

at ( 407 )

361-8891

Area Code & Daytime Telephone Number

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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)

**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**

**Wolf Trade Services 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 May 15, 2009 and assigned  
Florida document number L09000047372.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)**

2743 Montego Bay Blvd

Kissimmee, FL 34746

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2743 Montego Bay Blvd

Kissimmee, FL 34746

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**B. 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:

Hector Torres

New Registered Office Address:

2743 Montego Bay Blvd

*Enter Florida street address*

Kissimmee

, Florida

34746

*City*

*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 608, 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.*

*[Signature]*  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Michael Wolf	4 Perry Lane Altamonte Springs, FL 32701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated January 01, 2011

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Hector Torres  
\_\_\_\_\_  
Typed or printed name of signee