L10000074611

(Re	equestor's Name)	
(Ad	ddress)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO:

Registration Section Division of Corporations

	F GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	STEPHEN C. SHEAR		
•		Name of Person	
		Firm/Company	
	5704 INTERBAY BLVD.		
		Address	
	TAMPA, FL 33611		
		City/State and Zip Code	202
	SCSHEAR@GMAIL.COM		_ 환 글
		to be used for future annual report notification)	
For further information co	oncerning this matter, please c	all:	9
DONALD B. LINSKY		813 634-5566 at ()	2021 JUL 29 PH 12: 22
Name of	Person	Area Code Daytime Telephone N	Number 2
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy ditional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 632 Tallahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, S.	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WOOLF GROUP, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L10000074611	y were filed on JULY 14, 2010	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
		PP 5 7
		> 0
		29
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		T. 2
		\$44
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new register
igent and/or the new registered office address nerv.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flori	
	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 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>	<u>Address</u>	Type of Action
AMBR	STEPHEN C. SHEAR, TRUSTEE	5704 INTERBAY BLVD., TAMPA, FL 33611	□Add
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			= Change
			□Add
			□Remove
			□Change
			□ Add
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ffective date, if other the an effective date is listed, the lotte: If the date inserted in ocument's effective date of the da	date must be specific and not his block does not not his	cannot be prior to neet the applicabl	date of filing or more le statutory filing r	(option than 90 days after fil equirements, this d	ing.) Pursua	nt to 605,020 t be listed a
record specifies a delayed is filed.	effective date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th o	day after th
ated July 4		2021	1.A-			
	Signature of a	nember or authors	ed representative of	a member		