## L12000102641

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiages Fatitu Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
-
Special Instructions to Filing Officer:

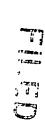
Office Use Only



800403761808

CERSE/229 11 1 11 11 442 4

2023 HAR -6 PH 4: 07



## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: WOL		of the Company Company	<u>.                                    </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	<u>Carol</u> McAtee +	McAtee Name of Person	1 2 N	
	MUNTER	Firm/Company		
	5401 cent	ral Ave		3 3
	St Peters	City State and Zip Code	7023 MAR - 5	in terms
	` ( /.\	CLOAS (OM)		** 1.3
For further information co	oncerning this matter, please co	all:	Control Contro	ا الحسية ا
Carol Mo	Person	at ( <u>727</u> ) <u>327</u> - Area Code Daytime	1999 e Telephone Number	,
Enclosed is a check for th	se following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & 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)	
Mailing Address Registration S Division of C	Section	Street Address: Registration Sec Division of Corp		
P.O. Box 632		The Centre of Ta		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wolfhound Gyou (Name of the Limited Liability Compa (A Florida Limited I	thy as it now appears on Liability Company)	our records.)	<del></del> -
The Articles of Organization for this Limited Liability Company Florida document number <u>L+2000   0 2641</u> .	were filed on <u>08</u> -	09-2012 a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	ation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			707
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		<u> </u>
		,	2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
		- 1145- 1117-	P II
Enter new mailing address, if applicable:	<del></del>	<u></u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	08
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our recor	ds, <u>enter the name of th</u>	ne new registere
	7,000		
New Registered Office Address:	Enter Florida st	reet address	
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City	Zip	Code
New Registered Agent's Signature, it changing Registered Agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as playing filed to margly reflect a change in the registered office.	ee to act in this capa performance of my o provided for in Chap	luties, and I am familia ter 605, F.S. Or, if this	ir with and document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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
MOR	McAlee, Carol	5401 Central Ave	_ □Add
AMBR		St. Petersburg, FL	_XRemove
		33710	_
MGR	BVC Trust	5401 Central Aye	_XAdd
HMIRK		St. Petersburg, FL	_ 🗆 Remove
		33710	_ 🗆 Change
			_ □Add
			Remove
			Ghange T
		(1.5) (1.5) (1.5) (1.5)	_ Rdd . T
			_ i Bemove
			_ 🗆 Change
			_ □Add
			_ □Remove
			_ Change
			_ □Add
			_ □Remove
			_ □Change

							<u> </u>	
	<del></del>	_						
<del></del>								
				<u> </u>		<u> </u>		
	· <del></del>				· <del></del> .			
					_			
	·	- · ·						
		<del></del>					<del>-</del>	
<del></del>		<del></del>		-			<del> </del>	
		_						
			Eala	77 202	. 3	()		
· Hactiva data	if other than this listed, the date n	nust be specific an	ig: 1 6 0	or to date of filing	or more than 90 da	_ (optional) ays after filing.)	Pursuant to 605.	0207
f an effective date	inserted in this tive date on the	Department of	meet the appli State's record	cable statutory t s.	iling requireme	nis, this date w	vill not be liste	as as
Note: If the date								
Note: If the date document's effect			a an officion	time, at 12:01 a.	m, on the earlie	er of: (b) The	90th day after	the
Note: If the date document's effect to the date of the	a delayed effect	tive date, but no	n an effective					
Note: If the date document's effect of the date of the	u						VIII O'TE EZOZ	
Note: If the date document's effect of the date of the	a delayed effect				Λ		MAR EZOS	
If an effective date  Note: If the date document's effect e record specificate rd is filed.  Dated	u	5 21 5 VC	. 2023 E Tru	3 ust and horized representa		1 m C	2023 NAR - 6	

Filing Fee: \$25.00