113000047621

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

Office Use Only



200256072412

01/29/14--01008--017 **25.00

TALLAHASSEE, FINBLE

Court Will Fix 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WOLF PAK PRODUCTIONS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GIOVANNI TORRES Name of Person
WOLFPAK PROSUCTIONS Firm/Company
20400 W COUNTRY CLUB DR APT 310
AVENTURA, FL 33/80 City/State and Zip Code
City/State and Zip Code GIOUANNI @ WOLF PAK PRODUCTIONS. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GIOUANNI TORRES at 718 679-6773 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \[\begin{array}{c ccccccccccccccccccccccccccccccccccc

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

WOLFPAK TROBUCTION	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 13000 4762</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company of the liability company of	were filed on 4/1/13 TALLARY OF TALLARY OF ALLARY OF TALLARY OF TA
The new name must be distinguishable and end with the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11587 SW 149 PATH
(Principal office address MUST BE A STREET ADDRESS)	MIANI, FL 33196
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the nev</u> 2:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida strect address
	, Florida
	City Zin 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

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

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Name** <u>Address</u> **Type of Action** JUAN CHAVEZ 82 NORTH DRIVE MGRM VALLEY STREAM, NY 11580 **⊠** Remove MGEM (ARLOS RENTAS 373 96TH STREET Apt A-16 DAdd BROOKLYN, NY 11209 _□ Remove □ Add □ Add □ Remove

	auge(s) here: (Attach additional sheets, if necessar)			
ffective date, if other than the date of filing the effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department pated	of receipt or filed date and cannot be more than 90 days after			
/ non	- Porce	,		
9	Typed or printed name of signee	SEI	14	
	Typed or printed name or signed	CRETARY	JAN 29	~ ?
		SEE, FL		i
		STATE LORIDA	M 10: 52	Ĭ.

Page 3 of 3

Filing Fee: \$25.00