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WOLF LABORATORY MANAGEMENT, LLC

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COVER LETTER

'ro: Registration Section **Division of Corporations**

WOLF LABORATORY MANAGEMENT, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fes(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK D. COHEN

Name of Person

MARK D. COHEN PA

Firm/Company

4000 HOLLYWOOD BLVD., STE 435 SOUTH

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

mdcohenpa@yahoo.com

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

For further information concerning this matter, please call:

MARK D. COHEN

Nume of Person

at (954) Area Code 962-1166 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)

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 LABORATORY MANAGEMENT, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florids Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>8/29/14</u> and assigned Florida document number <u>L14000135969</u>

This amendment is submitted to amend the following:

A. If amonding 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 "LLC."

Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	ARE	77
Enter new mailing address, if applicable:		ريونيونيون ويواهيدانيون
(Mailing address MAY BE A POST OFFICE BOX)		E (MRANU
		11
	IAI ORI	O
10 Ye amanally a day washing a good and low much series of	fling address an our wanted and the national the nation	

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:		
New Registered Office Address;	Enter Florida street a	den ess
		, l'Iorida
	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 llability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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	Address	Type of Action
MGR	MATTHEW SCHULZ	4000 HOLLYWOOD BLV	
		STE. 435 SOUTH	Remove
		HOLLYWOOD, FL 330	—
			🖸 Add
			TAULAHASSEEDFLORDA
			EP 18
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(optional) E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of Stare) Dated SEPTEMBER 17, 2014 thure of a member or suthorized representative of a member MARK D. COHEN Typed or printed nume of signee

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Filing Fee: \$25.00

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