(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



400337460964

12/02/19--00004--000 *********

DEC 1 3 2019 D CUSHING

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Wolfpack I	Enterprises, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Trevor C Hillier		
		Name of Person	
	Wolfpack Enterprises, LLC		
		Firm/Company	·
	358 Rafael Blvd NE		
		Address	
	Saint Petersburg, FL 3370	4	2
		City/State and Zip Code	
	tchmba@gmail.com	to be used for future annual report notifica	tion)
For further information of	concerning this matter, please c		
Trevor C Hillier		727 687-5173 at ()	
Name o	of Person		elephone Number
Enclosed is a check for t	he 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 Addres	Section	Street Address: Registration Section	
Division of C	Corporations	Division of Corpo	rations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L15000097135		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Wolfpack Enterprises of Florida, LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>ox</u>)	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ne of the new registere
Name of New Registered Agent:	Trevor Clark Hillier	
New Registered Office Address:	Trever Clark Hillier 358 Rafael Blud No Enter Florida street address	
	Sound Petersburg, Florida_	33704
	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 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
			□ Remove
			Change
			□Add
			□ Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			Change
		□Add	
		□Remove	
		Change	
		 	
			□Remove

Page 2 of 3

	<u> </u>
	
-	
an effecti <u>lote:</u> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of the day after the record is filed.
ated	November 26, 2019.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00