

L15000118656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

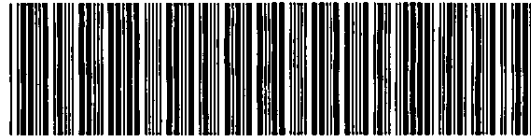
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900309463069

03/01/18--01021--001 **25.00

FILED
18 MAR 23 AM 9:49
TALLAHASSEE, FLORIDA

Y SULKER

MAR 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2018

CARRIE GILBERT
490 SAWGRASS CORP PKWY STE 310
SUNRISE, FL 33325

SUBJECT: WOLF BARS, LLC
Ref. Number: L15000118656

We have received your document for WOLF BARS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 018A00004348

RECEIVED
2018 MAR 26 AM 11:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Wolf Bars, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/10/15 and assigned
Florida document number L15000118656.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Wolf Advisers, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1625 S. Fed. Hwy - Suite 502
POMPANO BEACH
FL 33062-7549

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1625 S. Fed. Hwy - Suite 502
POMPANO BEACH
FL 33062-7549

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:

Gutta Sharfi & Co. CPA's Inc.

New Registered Office Address:

490 Sawgrass Corp. Parkway - Suite 310
Enter Florida street address

SUNRISE

City

Florida

33324

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

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

g.) Pursuant to 05.0207 (3),
will not be listed as the
on the earlier of

Dated Feb. 20th, 2018

Signature _____

Signature of a member or authorized representative of a member

Antoine Koniski

Typed or printed name of signee