## hu000077359

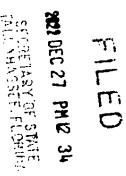
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LLC NIC Amend



A. RAMSEY MAR 10 2023

## COVER LETTER

TO: Registration Division of C		·	<b>4</b> °
		÷	f
SUBJECT: VVoulte	Commercial, LLC Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Brandon Woulfe		
		Name of Person	
	Woulfe Commercial		
		Firm/Company	
	445 NE 13th Avenue	e	
		Address	
	Fort Lauderdale, Flori	da 33301	
		City/State and Zip Code	
	woulfecommercial@g E-mail address: (	gmail.com to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Brandon Woulfe		at ( 954 ) 608-1768	
Name	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

FILED

2021 DEC 27 PM 12 34

Woulfe Commercial, 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 Florida document number <u>L16000077359</u>	were filed on April 19, 201	6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Brandon Woulfe, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	rss
	ı	Florida
	City	Florida 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 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
			□Add
			□Remove
			□Change
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		<del></del>	□Remove
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			□Add
			□Remove
			□ Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) (optional) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated December 21 2022 Signature of a member or authorized representative of a member Brandon Woulfe Typed or printed name of signee

Filing Fee: \$25.00