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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:	1-19-17 ACCT. 120160000072 4:1-	SW
Name:	White Wolf Capital Choup	
Document #:	f t	
Order #:	10568864	
Certified Copy of Arts & Amend:		
Plain Copy: Certificate of Good Standing:		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00	
	Thank you!	

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	White Wolf	Capital Group, LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	1 Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		Lisa R. Samblanet - Paraleg	gal	
			Name of Person	
		Ice Miller LLP		
			Firm/Company	
		250 West Street - Suite 700)	
			Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Columbus, OH 43215		
	•	<u> </u>	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	II:	
Lisa R. Sam	blanet - Parale	egal .	614 462-1045 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	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:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

White Wolf Capital Group, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000129501	were filed on 07/08/2016 and assign	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
BLACK WOLF CAPITAL GROUP, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:	22 NE 1st ST UNIT 301, MIA, FL 33131	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)	DIVISION OF CORP. Ci.	T
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, enter the name-of	the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Ciry 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
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Filing Fee: \$25.00