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SECRETARY OF STATE
TALLAHASSEE, FLORID

COVER LETTER

	Registration Division of C	Section Corporations	
		Volf LLC	
SUBJEC	CT:	Name	of Limited Liability Company
The encl	osed Articles	of Amendment and fee(s)	 are submitted for filing.
Please re	eturn all corre	spondence concerning this	 matter to the following:
		Kyle J Gellis	
			Name of Person
			Firm/Company
		601 Heritage Dr Ste	; 127
			Address
		Jupiter, FL 33458	
		kg@urbanwolfllc.co	City/State and Zip Code
		E-mail ad	dress: (to be used for future annual report notification)
For furth	er informatio	n concerning this matter, p	lease call:
Kyle J Gellis			561 308-0695 at ()
Name of Person		ne of Person	Area Code Daytime Telephone Number
Enclosed	f is a check fo	or the following amount:	
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee Certificate of Sta	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		istration Section ision of Corporations . Box 6327	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

Urban Wolf LLC	
(Name of the Limited Lia	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit lorida document number	y Company were filed on and assigned
his amendment is submitted to amend the following	ž:
. If amending name, <u>enter the new name of the l</u>	limited liability company here:
ne new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	17 SE 17
Principal office address MUST BE A STREET AD	ODRESS)
inter new mailing address, if applicable:	ILED ASSEE, FU
Mailing address MAY BE A POST OFFICE BOX	
s. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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

	d from our records:		
MGR = N AMBR = A	Manager Authorized Member		
<u> Citle</u>	<u>Name</u>	Address	Type of Action
MGR	Blue Monster Cellars Inc	601 Heritage Dr	_ Add
		Ste 127	☐ Remove
		Jupiter, FL 33458	Change
MGR	Urban Wolf Management LLC	601 Heritage Dr	
		Ste 127	≅ Remove
		Jupiter, FL 33458	□ Change
			□ Add
			Remove
			□ Change
			Add
			☐ Remove
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Tective date, if other that n effective date is listed, the date: If the date inserted in cument's effective date or	date must be specific and control this block does not me	annot be prior to et the applicat	o date of filing or i ble statutory filii	nore than 90 day	(optional) s after filing.) Pursua s, this date will no	ant to 60 of be lis	05.020 sted a
record specifies a de The 90th day after th	elayed effective da ne record is filed.	te, but not	an effective	time, at 12:	:01 a.m. on th	e ear	lier (
,							
September 13		2017					
September 13		2017	_ ·				
September 13	Signature of a m		ized representativ	e of a member			
ted September 13	Signature of a m		_ · ized representativ	e of a member			
September 13		ember or author		e of a member			
September 13		ember or author	ized representativ	e of a member			