1/6000209883

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

| Division of Corporations | |
|--|----------|
| SUBJECT: WOLF EXECUTIVE SEARCH | |
| Name of Limited Liability Company | |
| | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| | |
| Carol Wolf Name of Person | |
| Name of Person | |
| 100 5 Fuzzur 15 5-0001 | |
| WOLF EXECUTIVE SEARCH Firm/Company | |
| | |
| 2532 Sunnybrook Dr | |
| Address | |
| Samsata F1 34739 = 0 | |
| City/State and Zip Code | 1000 POR |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: | 1 |
| E-mail address: (to be used for future annual report notification) | , |
| For further information concerning this matter, please call: | - |
| Carol 10-10 | ب |
| Name of Person Area Code Daytime Telephone Number 5 | |
| | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, | |
| Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy | |
| (additional copy is enclosed) | |

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

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

| (Name of the United Liability Commo | SEARCH | |
|--|--|------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000209883</u> . | were filed on 8:00 am Nov 1 | 16, 2016 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" o | 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 of registered agent and/or the new registered office address her | | - |
| | | 2017 . Alle |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | ASSE S |
| | Enter Florida street address | |
| | | |
| Non-Backward America Company (C.) | 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> | <u>Address</u> | Type of Action |
|--------------|--------------|---|-------------------|
| MGR | CAROL WOLF | 2532 Sunnybrook Dr | |
| | | 2532 Sunnybrook Dr Savasora FL 34239 | □ Remove |
| | | | Change Title |
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| ective date if other than the date of filings | (ontional) |
| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than the date in the head of the date in the date in the date of the date in the date of the date of the date of the date in the date of | e than 90 days after filing.) Pursuant to 605.020 |
| te: If the date inserted in this block does not meet the applicable statutory filing to the date on the Department of State's records. | requirements, this date will not be listed a |
| | |
| record specifies a delayed effective date, but not an effective tin | ne, at 12:01 a.m. on the earlier of |
| he 90th day after the record is filed. | |
| ed <u>Jan 3</u> , 2017 | |
| Signature of a member or Authorized representative of | |
| // • // / .) / | |

Page 3 of 3

Filing Fee: \$25.00