117000078514

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

S. WARREN SEP 19 2017



August 31, 2017

BRANDON INGOLDSBY 260 COUNTRY CIRCLE DRIVE WEST PORT ORANGE, FL 32128

SUBJECT: WOLVES OF REAL ESTATE LLC

Ref. Number: L17000078514

We have received your document for WOLVES OF REAL ESTATE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 017A00018040

Wólves of Real Estate LLC

Phone: (386) 882-4312

Return Address: 260 Country Circle Drive West Port Orange, Florida 32128

, COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJEC		Real Estate LLC				
		Name of Limit	ted Liability Company			
		Amendment and fee(s) are submindence concerning this matter t	_			
	1	Brandon Ingoldsby				
			Name of Person			
		Wolves of Real Estate LLC				
			Firm/Company			
		260 Country Circle Drive V	Vest			
			Address			
		Port Orange, Florida 32128				
		City/State and Zip Code				
		brandoningoldsby1@gmail.c	com o be used for future annual report notifica	tion)		
For furth	ner information co	oncerning this matter, please ca		mon		
Brandon	ı Ingoldsby		386 882-4312			
Name of Person				elephone Number		
Enclosed	d is a check for th	ne following amount:				
□ \$2 5.	00 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: 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wolves of Real Estate LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited I Florida document number L17000078514	Liability Company	were filed on 4/07/2017		and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	les of Organization for this Limited Liability Company were filed on 4/07/2017 and assigned ocument number				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbr	eviation "L.L.C."	_
Enter new principal offices address, if appli	cable:				_
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Port Orange, Florida	ve West		<u></u>
	Office address her	office address on our i	et address	SEP 18 PH 12: 2 DRETARY OF STAT LAHASSEE, FLORII	new
	ron Orange	City	, Florida <u>3212</u>	Zip Code	
		Cuy		гар соце	

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

Page 1 of 3

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		
AMBR	Joshua M Whitney	1105 Monticello LN #3			
		Port Orange, FL 32129	Remove		
			□ Change		
			Add		
			□ Remove		
		480000000000000000000000000000000000000	Change		
			□ Add		
			Remove		
			Change		
			Add		
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<u>ote:</u> If	e date, if other than the date of ive date is listed, the date must be spetthe date inserted in this block do t's effective date on the Department of specifies a delayed effe	es not meet the app nent of State's recor ctive date, but	olicable statutory filing rds.	requirements, this dat	te will not be lis	sted a
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The 9	Oth day after the record is iday, August 18th	2017	athorized representative o	fa member	SECRETAI TALLAHAS	47 ero 1
The 9	Oth day after the record is	2()17 ure of a member or an	uthorized representative o	fa member	SECRETARY O	47 ero 10 B
The 9	Oth day after the record is iday, August 18th	2()17 ure of a member or an		f a member	SECRETARY OF STATE FALLAHASSEE, FLORIDA	Š

Filing Fee: \$25.00