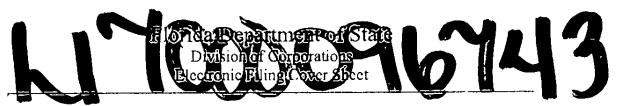
TO:18506176383 FROM:5612934213 04:04 PM 06/21/2019 Page:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000194428 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 : (407)898-1757 Phone

: (407)897-5336 Fax Number

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*

Email Address: INFO @ APK CORP, GOTT

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WOLF UNDERGROUND SERVICES LLC

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JUN 24 2019



Page:

3 06/21/2019

04:04 PM TO:18506176383 FROM:5612934213

## **COVER LETTER**

TO: Registration S Division of Co					
WOLF U	nderground services l	LC			
SUBJECT:	Name of Lin	nted Liability Company			
	f Amendment and fee(s) are sub condence concerning this matter				
	JULIA TEDESCO				
	ACCOUNT BOOKKEEP	Name of Person			
	5301 CONROY ROAD S	Firm/Company UITE 140			9910
	ORLANDO, FL 32811	Address		J. 1	16 mm 91명 기급 산산
	INFO@ABKCORP.COM	City/State and Zip Code to be used for future annual report notif	fication)		5 6 7 5 5
For further information	concerning this matter, please of		, ,	· · · <del>*</del>	. <del></del>
JULIA TEDESCO		407 898-1757			
Nane	of Person	Area Code Daytimo	e Telephone Number	_	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of Certified Copy (additional copy)	Status & y	
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301 Page:

06/21/2019

04:04 PM

TO: H8506176383, JR9M; 5612934213

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOLF UNDERGROUND SERVICES					
(Name of the Limited I. (A.F.	Inhility Compa Iorida Limited	iny se it now appears on our records.) Clability Company)			
The Articles of Organization for this Limited Liability Company were filed on 05/01/2017			and assigned		
Florida document number 1.17000096743	······································				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liab	ility company here:			
		<u> </u>		<u></u>	
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.E	(C.) D	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		4019 WEST WATERS AVE SUITE B		= 2	
		TAMPA, FL 33614		<u>이 구</u> > 구	
			<u> </u>	ر د: ر د:	
			٠,		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		4019 WEST WATERS AVE SUITE B	. '	<u> </u>	
		TAMPA, FL 33614	<u> </u>	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office			the name o	f the new	
Name of New Registered Agent:	ABILIO JOSE SANTOS				
New Registered Office Address: 4	019 WEST W	ATERS AVE SUITE B			
	Enter Florida street address		_		
т	'AMPA	Fiorida <sup>330</sup>	514		
_	_	City	Zip Code		
Non Davistard Amouth Simulton if changing Regi	stored Acent:				

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

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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>	Name	Address	Type of Action
AMBR	CARLOS ANDRE DE FREITAS LOPES	4019 WEST WATERS AVE SUITE B	
		TAMPA, FL 33614	☐ Remove
			☐ Change
MGR	ABILIO JOSE SANTOS	4019 WEST WATERS AVE SUITE B	■ Add
		TAMPA, FL 33614	C Remove
			☐ Change
			☐ Remove
			Change C
			Add
			Change
			D Add
			□ Remove
			□ Change
			□ Remove
			□ Change

D, If ame	06/21/2019 04:04 PM TO:18506176383, FROM:5612934 ending any other information, enter change(s) here: (Attach additional sheets, if necessary		
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(If an effe Note:	ve date, if other than the date of filing:	Pursuant to 605 vill not be list	i.0207 (3)(b) ed as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed.	n the earli	er of:
Dated _	JUNE 21 2019		
-	Ah Canti.		
	Signature of a member or authorized representative of a member		

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