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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

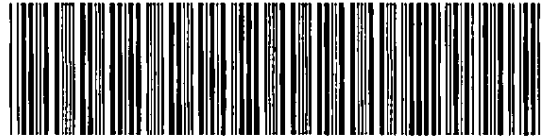
(Document Number)

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: WOLFE CPA & ADVISORS, LLC
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:

Deborah San Antonio
Name of Person

Wolfe CPA & Advisors, LLC
Firm/Company

408 ne 6th st unit 142
Address

Fort Lauderdale, FL 33304
City/State and Zip Code

deborahsanantoniocpa@wolfe-cpa-advisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah San Antonio at (954) 907-8049
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

WOLFE CPA & ADVISORS, LLC

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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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|---------------|---------------------|--|--|
| President/MGR | Deborah San Antonio | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 408 ne 6th ST Unit 142 Fort Lauderdale, FL 33304 | <input checked="" type="checkbox"/> Change |
| MGR / AMBR | Corey Wolfe | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 408 ne 6th ST Unit 142 Fort Lauderdale, FL 33304 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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FBI

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Filing Fee: \$25.00