## U17000102108

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## **COVER LETTER**

ГО:	Registration Se Division of Cor				
SUBJI	ECT: <u>WO</u> LFI	E CPA & ADVISORS, L Name of Lim	LC ited Liability Company	<del></del>	
The en	sclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Del	borah San Antonio Name of Person	<del></del>	
		Wolfe	CPA & Advisors, LLC Firm/Company	<u>.</u>	
		408	ne 6th st unit 142		
		Fort L	.auderdale, FL 33304 City/State and Zip Code		
		deborahsa E-mail address: (	nantoniocpa@wolfe-cpa-ac to be used for future annual report notif	dvisors.com lication)	
For fur	ther information c	oncerning this matter, please c	ali:		
Deborah San Antonio Name of Person			at ( 954 ) 907-8049 Area Code Daytime Telephone Number		
Enclos	ed is a check for the	ne following amount:			
<b>ਤ</b> \$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

WOL	FE CPA & ADV	ISORS, LLC	
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited L. Clorida document number		were filed on MAY 8, 2017	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liabil	lity company here:	
he new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	408 ne 6th ST	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Unit 142		
		Fort Lauderdale, FI 3330	4
Enter new mailing address, if applicable:		408 ne 6th ST	
Mailing address MAY BE A POST OFFICE	BOX)	Unit 142	
		Fort Lauderdale, Fl 3330	4
3. If amending the registered agent and egistered agent and/or the new registered o	.,		ter the name of the
Name of New Registered Agent:			. 21a
New Registered Office Address:	408 ne 6th 9	ST Unit 142  Enter Florida street address	
			·; •
		, Florida	33304 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>	Address	Type of Action
President/MGR	Deborah San Antonio		
			□ Remove
		408 ne 6th ST Unit 142 Fort Lauderdale, FL 33304	Change
MGR / AMBR	Corey Wolfe		
			□ Remove
		408 ne 6th ST Unit 142 Fort Lauderdale, FL 33304	El Change
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tive date, if other than the date of filing:		(optional)	
ffective date is listed, the date must be specific and cannot be prior to c If the date inserted in this block does not meet the applicable			
ment's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not a	in effective time, a	it 12:01 a.m. on th	ne earlie
e 90th day after the record is filed.			
-i October 9 2017			
October 9	•		
JX\anA	ntonio		
Signature of a member or authoriz			

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Filing Fee: \$25.00