## 117000119050

(Requ	uestor's Name)	
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(Doci	ument Number)	
Certified Copies	Certificate	s of Status
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## **COVER LETTER**

Division of C	orporations		
WOLF L SUBJECT:	INES LLC		
30b9EC1.	Name of Li	imited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are su	skenitrud for filing	
		<del>-</del>	
Please return all corresp	oondence concerning this matte	r to the following:	
	FRANK R. SARIOL		
		Name of Person	
	THE SARIOL GROUP.	LLC	
		Firm/Company	
	8200 NW 41ST STREET	SUITE 315	
	***	Address	
	DORAL, FLORIDA 3310	56	
		City/State and Zip Code	<del></del>
	FRANK@SARIOLINMIC		
		(to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	call:	
OSCAR G. BETANCO	URT	786 636-8649	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	be following amount:		
S25.00 Filing Fee		□ 655 (v) P3V P p	
C 325.00 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)

TQ:

Registration Section

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**

WOLF LINES LLC		
( <u>Name of the Limited Lia</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 05/31/2017	and assigned
Florida document number 1.17000119050		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	hbrevfirtion "LdC"
Enter new principal offices address, if applicable:		T L T
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>
Enter new mailing address, if applicable:		CC 11 C 22 C 22 C 22 C 22 C 22 C 22 C 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istered office address on our records, enter	the name of the new
registered agent and/or the new registered office ad	dress here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
		Zm Code
New Registered Agent's Signature, if changing Registere	•	Ztp Code

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
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ective date, if other effective date is listed, e: If the date inserte	the date must be spec	ilic and car	not be prior to	date of filing	or more than 9	0 days after fili	ng ) Pursuant to 605.0
ument's effective dat	e on the Departme	nt of State	's records.	ne statutory	anng require	ments, this da	ite will not be listed
record specifies a ne 90th day after	i delayed effect the record is f	ive date filed	, but not	an effectiv	ve time, at	12:01 a.m	n. on the earlier
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d JUNE 13TH		//. <sup>2</sup>	017				
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Filing Fee: \$25.00