

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasmoso Emily reame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100420426211

FILED SEGULIANIO PH 5:07

01/10/24--01001--011 **25.00

2021 JAN 10 AM 10: 12
SECRETARY OF SELECTION OF SELECTION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK WOLF HOLDINGS, LLC	BLAC	K	WOL	F HOL	DINGS	LLC
--------------------------	------	---	-----	-------	-------	-----

MARK WOLF HOLDINGS, L.				
(Name of the Lit	nited Liability Comp (A Florida Limited	oany as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Florida document number <u>L17000171024</u>	Liability Company	y were filed on AUG	UST 10, 2017	and assigned
This amendment is submitted to amend the fo	dlowing:			
A. If amending name, enter the new name	of the limited liat	bility company here	:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	mation "LI C" or the abb	previation "L.L.C"
Enter new principal offices address, if appl				
(Principal office address MUST BE A STRE	ET ADDRESS)	19561 SOUTH TA	MIAMI TRAIL	
	-	FORT MYERS, FL	33908	7024
Enter new mailing address, if applicable:		19561 SOUTH TA	MIAMI TRAIL = \$	
(Mailing address MAY BE A POST OFFICE	E BOX)	FORT MYERS, FL	. 33908	
				<u>್ಷ</u> - ಬ್ಲ
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office a	address on our reco	rds, <u>enter the name</u>	of the new registere
Name of New Registered Agent:	STEVEN GAM	1E	_	
New Registered Office Address:	19561 SOUTH	TAMIAMI TRAIL		
		Enter Florida s	treet address	
	FORT MYERS		Florida _ ³³⁹⁰)8
		City		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.

Mehanging 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>	Name	Address	Type of Action
MGR	STEVEN GAME	2403 STATE ROAD 80 EAST	
		LABELLLE, FL 33935	-
AMBR	TRISTA MARIE CARTER		
	THISTA STARTE CARTER	3807 S.W. WOOD STREET	□Add
		ARCADIA, FL 34269	Remove
			□Change
			□Add
			□Remove
			□Change
<u>.</u>			
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			IChange

-				
				
			-	
				<u> </u>
			-	
	<u> </u>			
				
_				
				
				
			<u> </u>	·
-		-		
				
Effective date, if other than the transfer of the date is listed, the date must Note: If the date inserted in this blaceument's effective date on the Date.	the specific and cannot be a		more than 90 days after ti ng requirements, this o	nal) iling.) Pursuant to 605,0207 (date will not be listed as t
e record specifies a delayed effectived is filed.	date, but not an effective	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated 01 - 09	2023			
Dated 01 09 - Sentari	Marie Ca	te		
	signature of a member or a	uthorized representativ	e of a member	
	TRISTA	MARIE CARTER		

Filing Fee: \$25.00