

# L18000 235738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

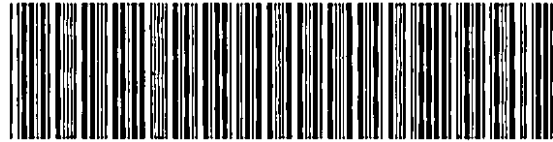
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S TALLENT

JUN 24 2020

2020 JUN 23 AM 9:52

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2020

GERALD RAUSNITZ  
7826 PHOTONICS DRIVE  
TRINITY, FL 34655

SUBJECT: WOLFI 27 FLORIDA, LLC  
Ref. Number: L18000235738

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE USE THE TITLES PROVIDED ON THE AUTHORIZED PERSON PAGE OR OTHER OPTIONS BELOW.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 520A00010763

2020 JUN 23 PM 1:34



**Meopta U.S.A., Inc.**

**STUART STEIN**  
VICE PRESIDENT-ADMINISTRATION

June 18, 2020

Florida Dep't of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Wolfi 27 Florida, LLC  
Amendment to Articles of Organization  
L18000235738

Mesdames and Gentlemen:

Attached is your letter of June 1, 2020 to Gerald Rausnitz. The corrections that letter required have been made and the document is now being resubmitted.

Please contact GERALD RAUSNITZ at 7826 Photonics Drive, Trinity FL, 34655 if any other changes are required.

Yours,

A handwritten signature in black ink, appearing to be "Stuart Stein", written over a horizontal line.

Stuart Stein

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7826 Photonics Drive  
Trinity, FL 34655  
WebPage: [www.meopta.com](http://www.meopta.com)

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Telephone: (631) 436-5902  
Fax: (631) 436-5920  
Email: [stuart.stein@meopta.com](mailto:stuart.stein@meopta.com)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WOLF 27 FLORIDA, 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:

Gerald Rausnitz

Name of Person

Firm/Company

7826 Photonics Drive

Address

Trinity, Florida, 34655

City/State and Zip Code

Stuart.Stein@meopta.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart Stein

516

965 9017

at ( )

Name of Person

Area Code

Daytime 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 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WOLFI 27 FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 9, 2018 and assigned  
Florida document number L18000235738.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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.*

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

The following is added to Article IV

In the event that Gerald Rausnitz ceases to act as manager of the LLC, then David Rausnitz shall act as the  
Successor Manager

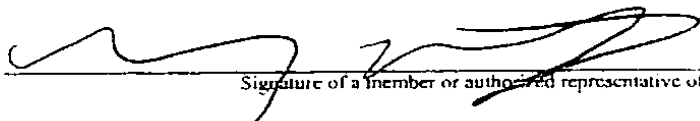
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 18, 2020



Signature of a member or authorized representative of a member

Gerald Rausnitz

MANAGER

Typed or printed name of signee

**Filing Fee: \$25.00**