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Certified Copies _		Certificate	es of Status
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R. WHITE JAN 1 6 2020

## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	THE WOLE	F OF GIAMBELLINO LLC		
00202011			ited Liability Company	<del></del>
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retum	all correspoi	ndence concerning this matter	to the following:	
		LUCA BARTOLI		
			Name of Person	
		THE WOLF OF GIAMBE	ELLINO LLC	
			Firm/Company	<del> </del>
		478 E ALTAMONTE DR	108-450	
			Address	·
		ALTAMONTE SPRINGS	, FL 32701	
			City/State and Zip Code	
		accounts@opisas.com		
		E-mail address: (	to be used for future annual report notif	ication)
For further in	formation co	ncerning this matter, please co	all:	
DANIELE K	ODRIC		407 6072461 at ( )	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25,00 Fi	iling Fee	□ \$30,00 Filing Fe. ₹ Certificate of S. Aus	口 \$55,00 Filing Fee 炎 くいがらd Cops (additional copy is one) sea	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
26C : ecutive Center Circle
: dranssee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2020 JULY 15 Fil 2: 12

THE WOLF OF GIAMBELLINO LLC		
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/03/2019	and assigned
Florida document number L19000005462	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del> </del>
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		······································
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		enter the name of the
registered agent and/or the new registered office add	uress nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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

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 = A	Nuthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than the c	late of filing:	,	optional)
effective date is listed, the date must e: If the date inserted in this bloo iment's effective date on the Dep	be specific and cannot be prior to ck does not meet the applicab	date of filing or more than 90 days	after filing.) Pursuant to 605,0207
ecord specifies a delayed ne 90th day after the reco	effective date, but not a rd is filed.	an effective time, at 12:	01 a.m. on the earlier of
November 26th	2019		
		7.10.	
	100/	Satol	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00