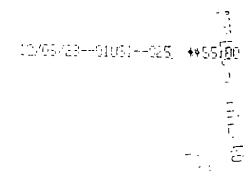


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10:	Registration Se Division of Cor				
	WolfPack A	dvising, LLC			
SUBJE	CT:			· · · · · · · · · · · · · · · · · · ·	
		Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please n	eturn all correspo	ndence concerning this matter	to the following:		
		Aaron Shishilla			
			Name of Person	on O Code annual report notification) 3559653 Daytime Telephone Number Solution of Corporations are Centre of Tallahassee 15 N. Monroe Street, Suite 810	
		WolfPack Advising, LLC			
			Firm/Company		
		501 E Kennedy Blvd STE	1400		
			Address		
		Tampa, FL 33602			
			City/State and Zip Code		
		aaron@wolfpackadvising.ec	om		
		E-mail address: (to be used for future annual report noti	fication)	
For furth	ner information e	oncerning this matter, please ca	al):		
Aaron S	hishilla		877 3559653		
	Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclose	d is a check for th	ne following amount:			
□ \$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
	Mailing Address		Street Address:	ation	
Registration Section Division of Corporations					
P.O. Box 6327			The Centre of Tallahassee		
	Tallahassee, l	FL 32314	2415 N. Monro Tallahassee, FL		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WolfPack Advising, LLC			
(Name of the Lim	ited Liability Company (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited lorida document number		re filed on December 4th, 2023	and assigned
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liability	y company here:	
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if appl	icable: _		
Principal office address MUST BE A STRE	ET ADDRESS)		
	_		
nter new mailing address, if applicable:	- now		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE	<u>: BOX)</u> _		
	-		
3. If amending the registered agent and/or		ress on our records, enter the na	me of the new register
gent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	Aaron Shishilla		
New Registered Office Address:	501 E Kennedy Blv	rd STE 1400	
		Enter Florida street address	
	Tampa	, Florida ³	3602
		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 = Authorized Member

Type of Action
Remove
☐ Change
□Add
□Change
□Remove
□Change
□Remove
□ Change
□Add
□ Remove
Change
□Add
□Add

a total of 65% of	ownership.				
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		Jan 1, 2024			
Tective date, if other	er than the date of	filing:	data of filing on most th	(optional) an 90 days after filing.) Pursu	40 605 0707
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record specifies a dela	iyed effective date. b	ut not an effective time	e, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
is filed.					
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Filing Fee: \$25.00

Typed or printed name of signee