

L19 000169288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

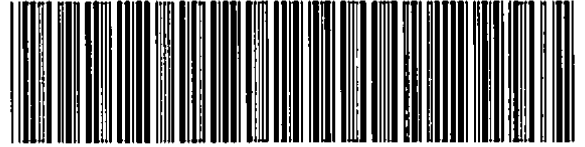
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200344508562

05/12/20--01008--026 **25.00

RECEIVED

MAY 11 2020

S TALLENT

MAY 27 2020

2020 MAY 11 PM 5:03

Handwritten signature

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: WOLF CODE INVESTMENTS 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:

MARCO R TORRES

Name of Person

WOLF CODE INVESTMENTS LLC

Firm/Company

18786 AYRSHIRE CIRCLE

Address

PORT CHARLOTTE, FL 33948

City/State and Zip Code

MARCORTORRES@GMAIL.COM

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

For further information concerning this matter, please call:

MARCO R TORRES

Name of Person

786

at ()

Area Code

556 0473

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**

WOLF CODE INVESTMENTS 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 JUNE 27 2019 and assigned
Florida document number L1900169288.

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)

18786 AYRSHIRE CIRCLE

PORT CHARLOTTE, FL 33948

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18786 AYRSHIRE CIRCLE

PORT CHARLOTTE, FL 33948

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:

MARCO R TORRES

New Registered Office Address:

18786 AYRSHIRE CIRCLE

Enter Florida street address

PORT CHARLOTTE

City

, Florida 33948

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	Marco R Torres	18786 Ayrshire Circle	<input type="checkbox"/> Add
		Port Charlotte, Fl 33948	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marco R Torres	18786 Ayrshire Circle	<input checked="" type="checkbox"/> Add
		Port Charlotte, Fl 33948	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christian Pestana	3422 Caruso Place	<input type="checkbox"/> Add
		Orlando, Fl 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

ay 8th 2020

Signature of a member or authorized representative of a member

Marco R Torres

Filing Fee: \$25.00