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T. MATTHEWS MAR - 2 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
	Investments LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	, <u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	Marty A Stone, ESQ		
	<del></del>	Name of Person	
	Law Office of M.A.		
		Firm/Company	
	14142 Amelia Island Way		
	· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
	Orlando Fl 32828		
		City/State and Zip Code	
	mstone@maslaw.nct	to be used for future annual report not	(footion)
For further information c	oncerning this matter, please c		incation)
Marty A. Stone, ESQ		321 443 4643	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations -	Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monre	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wolf Code Investments LLC

22 FEB 22 PM 12: 01

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

	City	, Florida Zip Code
New Registered Office Address:	Enter Florida street i	address
Name of New Registered Agent:		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>c</u>	enter the name of the new registere
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limit	ted liability company here:	
This amendment is submitted to amend the following:		
Florida document number L19000169288	<del>-</del> -	
The Articles of Organization for this Limited Liability Co	ompany were filed on realistic 20.	and assigned

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 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>	Address	Type of Action
AMBR	Katherine Rodriguez	18786 Ayrshire Circle Port Charlotte Fl 33948	🗀 Add
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<b>ective date, if oth</b> reffective date is liste	i <b>er than the date of</b> id, the date must be speci	filing:	te of filing or more than 90 day	( <b>optional)</b> is after filing.) Pursuant to 605.020
te: If the date inse	rted in this block does	not meet the applicable	statutory filing requiremen	ts, this date will not be listed a
cument's effective	date on the Departmei	it of State's records.		
	1 1 20 - 1 1	ee	. 12.01	C. (h) The O0th does often the
ecora specífies a de is filed.	layed effective date, of	ut not an effective time,	H 12:01 a.m. on the earlier	of: (b) The 90th day after the
	_			
February 18th		2022		
11/1				
~ V///	. //		representative of a member	

Typed or printed name of signee