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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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FILED

2027 JUL 18 PM 2: 54

SECRETARY OF STATE

## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Se Division of Cor						
CUD IE		CK GYMNASTICS LLC.					
SUBJE	ω <b>!:</b>	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		REBECCA SCHAER					
			Name of Person	<del></del>			
		WOLFPACK GYMNAST	ICS LLC.				
			Firm/Company				
		2514 RED BERRY WAY					
			Address				
		OCOEE, FL 34761					
			City/State and Zip Code				
		WOLFPACK.ELITE@YAI	HOO.COM  to be used for future annual report n				
For furth	ner information c	oncerning this matter, please co	·	otifications			
REBEC	CA SCHAER		760 500 - 3165				
	Name o	f Person	at () Area Code Dayt	ime Telephone Number			
Enclosed	d is a check for th	he following amount:					
<b>=</b> \$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 S		Street Address: Registration S	Section			
	Division of C P.O. Box 632		Division of C The Centre of	-			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



July 12, 2022

REBECCA SCHAER 2514 RED BERRY WAY OCOEE, FL 34761

SUBJECT: WOLPACK ATHLETICS LLC

Ref. Number: W22000091388

We have received your document for WOLPACK ATHLETICS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The wrong Amendment Form was sent. I am enclosing the proper form.

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) 245-6052.

Letter Number: 722A00015486

Neysa Culligan Regulatory Specialist III

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2027 JUL 18 PM 2: 54

WOLFPACK GYMNASTICS LLC.

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

SECRETARY OF STATE
TALLAHASSEE, FI

The Articles of Organization for this Limited Liability Company	were filed on <u>07.18.2022</u>	and assigned
Florida document number L20000284272		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
WOLFPACK ELITE LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	2514 RED BERRY WAY OCOEE, F	L 34761
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2514 RED BERRY WAY OCOEE, F	L 34761
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the na	nme of the new registered
Name of New Registered Agent.		<del></del> -
New Registered Office Address:	Enter Florida street address	
	#11 · 1	
	, Florida _ , Cin·	Zip Code
agent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida street address , Florida	

## 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>	Address	Type of Action
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			□Remove
			Change
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	REBECCA SCHAER						

Filing Fee: \$25.00