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COVER LETTER

TO:	Registration Sec Division of Corp			
Gren in	WolfCo Caj	pital, LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fec(s) are sub-	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Terrence Griffiths		
			Name of Person	
		Riveles Wahab LLP		
		<u> </u>	Firm/Company	
		55 Grumman Hill Road		
		-	Address	
		Wilton CT 06897		
			City/State and Zip Code	
		danielle@randwlawfirm.com		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
Terrenc	ce Griffiths		212 785-0076	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$ 25	.00 Filing Fee	S30.00 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

WolfCo Capital, LLC		
(Name of the Limited Liability Come (A Florida Limited	any as it now appears on (Liability Company)	nir records.)
The Articles of Organization for this Limited Liability Companical Florida document number L21000102685	y were filed on	221 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designa	ttion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
		ا ا نیت .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>in</u> دع
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	rest address	
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my o provided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	Ata Kartal	2875 NE 191 Street, STE 306	
		Aventura, FL US 33180	■ Remove
			□Change
			□Add
			Remove
		···	□Add
			□Remove
			□Change
			DAdd
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ective date, if other than the d	ate of filing:		(ontional)	
ective date, if other than the de effective date is listed, the date must b e: If the date inserted in this bloc	e specific and cannot be prior	to date of filing or more tha	an 90 days after filing.) Pursuar	nt to 605.020
ument's effective date on the Dep		iole statutory ming requ	mements, this date will not	De risted a
cord specifies a delayed effective of filed.			earlier of: (b) The 90th d	lay after th
September 22nd	2021			
ed September 22nd	, Barret	-Wolf		
Si	gnature of a member or autho	rized representative of a n	nember	