

L210002929/24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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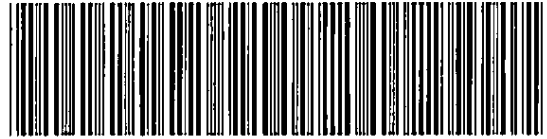
(Business Entity Name)

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R. HUNT

03/06/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WISE WOLF CAA, 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:

EDUARDO R. GARCIA

Name of Person

Firm/Company

1250 WEST AVE STE 7-K

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

paralegaleagles@live.com

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

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CLERK OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

EDUARDO R. GARCIA

305

491-9887

at ()

Name of Person

Area Code

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

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>
MGR	Maria Pia Elena Aller Pinochet	2100 Sans Souci Blvd. # 209 N. Miami, FL 33181	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 13, 2023

~~Signature of a member or authorized representative of a member~~

Gustavo Arnulf F Oelker Behn

Typed or printed name of signee

Filing Fee: \$25.00