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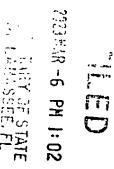
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R. HUNT 03/06/23

COVER LETTER

TO:

FO: Registration Sec Division of Corp								
	WISE W	OLF CAA, LLC						
SUBJECT:	Name of Lim	ited Liability Company						
	Amendment and fee(s) are sub							
Total Total and Solvery	-	EDUARDO R. GARCIA						
		Name of Person						
		Firm/Company	TRANY OF STATE					
	1	250 WEST AVE STE 7-K	SVHY SVHY					
		Address	OF ST					
	N	HAMI BEACH, FL 33139 City/State and Zip Code						
	•	paralegaleagles@live.com	fication)					
for further information co	oncerning this matter, please c		,					
EDUARDO R. GARCIA		305 491-9887						
Name of	f Person	Area Code Daytime	e Telephone Number					
Enclosed is a check for th	e 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		Street Address: Registration Sci	ction					
Registration S Division of C		Registration Section Division of Corporations						
P.O. Box 632	7	The Centre of T						
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810					

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WISE WOLF CA	A, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company v	were filed on	and assigned
Florida document number L21000292424		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	l <u>ity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	2 023
Principal office address MUST BE A STREET ADDRESS)		
		S 6 1
Enter new mailing address, if applicable:	N/A	SEP PH
Mailing address MAY BE A POST OFFICE BOX)	/	
		m 2
B. If amending the registered agent and/or registered office adengent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	game of the new registe
	1	
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	
	, Florid:	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>	Address	Type of Action
MGR	Maria Pia Elena Aller Pinochet	2100 Sans Souci Blvd. # 209 N. Miami, FL 33181	\equiv \equiv \lambda \dd
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ument's effectiv	e date on th	e Department	t of Sta	ite's reco	ords.						
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Filing Fee: \$25.00