

121 000313515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

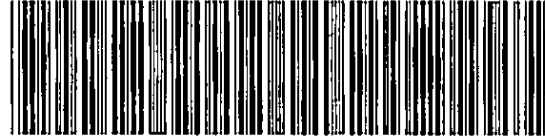
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WOLF FABRICATION PARTNERS, 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:

JOSHUA NICHOLSON

\_\_\_\_\_  
Name of Person

WOLF FABRICATION PARTNERS

\_\_\_\_\_  
Firm/Company

3715 E 7TH AVENUE

\_\_\_\_\_  
Address

TAMPA, FL 33605

\_\_\_\_\_  
City/State and Zip Code

JNICHOLSON@WOLFPARTNERSBUILD.COM

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

For further information concerning this matter, please call:

JOSHUA NICHOLSON

813 505-7217  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>
AMBR	WOOD APPLE, LLC	2704 N ROYAL CT.	<input type="checkbox"/> Add
		TAMPA, FL 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JIREH CAPITAL PARTNERS	3715 E 7TH AVENUE	<input type="checkbox"/> Add
		TAMPA, FL 33605	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STUD ROLLERS, LLC	3715 E 7TH AVENUE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33605	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FEIN: 87-1594638

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 1 2021

*JH*

Signature of a member or authorized representative of a member

JOSHUA NICHOLSON

Typed or printed name of signee

**Filing Fee: \$25.00**