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## **COVER LETTER**

TO: Registration Se Division of Cor		•		
SUBJECT: ANDRE	EW WOLF LLC			
30131.01.		ited Liability Company		•
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Andrew Wolf Name of Person		- <del>-</del>
		Name of retson		
		N/A		
		Firm/Company		
		4863 ORMEWOOD CT		2024 APR -3 PM 1: 08
		Address		PR .
	.14	ACKSONVILLE, FL 32207		-3 PM
		City/State and Zip Code		SSE PR
		awolf5982@gmail.com		်ကျက <del>က</del> '
	E-mail address: (	to be used for future annual report noti	tication)	
For further information c	oncerning this matter, please c	all:		
Andre	w Wolf	at ( 904 ) 930-5982		<u>-</u>
Name o	f Person	Area Code Daytim	e Telephone Numl	oer
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Status & ied Copy is enclosed)
Mailing Addres		Street Address:	ation	
Registration : Division of C		Registration Se Division of Co		
P.O. Box 632		The Centre of T	Fallahassee	
Tallahassee.	FL 32314	2415 N. Monro	ie Street, Suite	: 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DREW WO						
( <u>Name of the Limited Lia</u> (A Fig	ability Compar orida Limited L	ny as it now appo iability Company	ears on our (	records.)			
The Articles of Organization for this Limited Liabilit	ty Company	were filed on _	July 29,	2021	a	nd assi	gned
Florida document number <u>L21000343243</u>	·						
This amendment is submitted to amend the following	g:						
A. If amending name, enter the new name of the	<u>limited liabi</u>	ility company	<u>here</u> :				
		WOLF PLLC					
The new name must be distinguishable and contain the words "	Limited Liabil	ity Company," the	e designation	"LLC" or the	abbreviat	ion "L.L	C."
Enter new principal offices address, if applicable:	:	N/A					
(Principal office address MUST BE A STREET AL	ODRESS)		<del></del>		<u></u>	282	
					<u> </u>	<del>- 29</del>	- 11
					À.	يخ ا	· 1 : EIIIA · 2 : EIIIA
Enter new mailing address, if applicable:		N/A		··· <del>-</del> ·	<del>- 22.</del>	<u> </u>	<u>:</u>
(Mailing address MAY BE A POST OFFICE BOX	2			<u> </u>	- ELP SEL-	P <u>.</u>	- 1
				<del> </del>		<del>::</del>	
					· 83	œ	
B. If amending the registered agent and/or regist agent and/or the new registe <u>red office address he</u>		iddress on our	r records, j	enter the <u>na</u>	tme of th	he new	<u>registere</u>
Name of New Registered Agent: N	I/A	<del>-</del>					
New Registered Office Address:							<del></del>
		Enter F	lorida street	address			
_				_, Florida ˌ		<i>c</i> : <i>t</i>	
		City			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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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record sp	pecifies a delay	ed effective date	e, but not	an effectiv	ve time, a	i 12:01 a.i	m, on the	earlier of	f: (b) T	he 90	0th day	after the
d is filed.												
ated	October 0	2, 2024										
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Filing Fee: \$25.00