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2024-NOV-14 PH 5:21 SECRETARY OF STATE

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	T: ANDRE	EW WOLF PLLC		
SODALC			ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
			Andrew Wolf	
			Name of Person	
			N/A	
			Firm/Company	
			4863 ORMEWOOD CT	
			Address	
		•	ACKCONVILLE EL 22207	
			ACKSONVILLE, FL 32207 City/State and Zip Code	
			awolf5982@gmail.com	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please c	all:	
	Andre	w Wolf	at (904) 930-5982	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
☆ \$ 25,0	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 Registration S		<u>Street Address:</u> Registration Se	ction
	Division of C	orporations	Division of Corporations	
	P.O. Box 632		The Centre of T	
	Tallahassee, l	こし 52514	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WOLF PLLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recordiced Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Comp	pany were filed on July 29, 202	21 and assigned
Florida document number L21000343243		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
	EW WOLF LLC	
The new name must be distinguishable and contain the words "Limited I		C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	<u></u>	2024 H
Enter new mailing address, if applicable:	N/A	HOV IL
(Mailing address MAY BE A POST OFFICE BOX)		EE.S S
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	lice address on our records, <u>ente</u>	ATE
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street addr	ess
	F	lorida
	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</u> <u>being added</u> <u>or removed from our records</u>:

or remove	ed nom our records.		
MGR =	Manager		
AMBR ≃	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		□Add
			□Remove
			□Change
			□Add
			□Remove
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<u>Th</u>	e name Andrew Wolf PLLC was amended by mistake.
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n effecti <u>ite:</u> If	date, if other than the date of filing:
ecord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
ited	November 04, 2024 O. Wolff Signature of a member or authorized to be constitute of a member.