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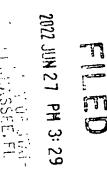
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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C.C.

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of Co				
SUBJECT: H17	CH BRAND (HEAV) Name of Lim	Y 15 THE CROWNED HE nited Liability Company	ADILLC"	
	f Amendment and fee(s) are sub condence concerning this matter	_		
		Tennille Weems Name of Person		
	Humb	ble Wolves L.L.C. Firm/Company		
	2485 Breth	nger Drive Address		
		FL 32246 City/State and Zip Code		NOTS 2028
For further information	tawlens & hoto E-mail address: (concerning this matter, please of	nuil. Lorry (to be used for future annual report notifi all:	cation)	2022 JUN 27 PM 3: 29
Tennille 1	ulems of Person	at (904) 710 - 5 Area Code Daytime	YY2 Telephone Number	: 29 -
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fec	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	Status &
Mailing Addre Registration		Street Address: Registration Sec		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HITCH BRAND (HEAVY IS THE CROWNED HEAD) LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _______________________________and assigned Florida document number L 220000 31514 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HUMBLE WOLVES L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
			□ Add
			□ Remove
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Effective date, if other than the date of filing: (optional) (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 (once: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. For every 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 d is filed. Signature of a member or authorized representative of a member			
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