5/15/22, 12:56 PM

Division of Corporations

Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	RLOPS@PARASEC.COM	
PMALL AUGUESS:	11257 BE 1111 B 2 1 1 1 1 1 1	

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MAY 1 7 2022

To: 18506176383 From: 19166105073 Date: 05/16/22 Time: 5:58 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 1.22000177840	were filed on 04/13/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1317 Edgewater Dr Ste# 1859			
(Principal office address MUST BE A STREET ADDRESS)	Otlando, FL 32804			
Enter new mailing address, if applicable:	1317 Edgewater Dr Ste# 1859			
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32804			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new region 22		
Name of New Registered Agent:		<u> </u>		
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.

Cin

To: 18506176383 From: 19166105073 Date: 05/16/22 Time: 11:01 AM Page: 01/05

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
AMBR	Theresa Nelson	1317 Edgewater Dr Ste# 1859	= Add
		Orlando, FL 32804	Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
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• To: 18506176383 From: 19166105073 Date: 05/16/22 Time: 11:01 AM Page: 02/05

							
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<u></u>							
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ian effective date <u>Note:</u> If the dat	if other than the one hasted, the date must inserted in this blocative date on the De	be specific and o ock does not me	cannot be prior t ect the applica	o date of filing or ble statutory fili	note than 90 days	optional) after filing) Pursu , this date will no	ant to 605,0207 of be listed as
record specific d is filed.	s a delayed effective	date, but not a	ın effective tir	ne, at 12.01 a.m	on the earlier o	of: (b) The 90th	day after the
05/09 Dated		. 121	2022	_/			
		(V / 1 -	- 17 -	/			
		Signature of a m	cmber or autho	rized representativ	e of a member		

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