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4/23/2023

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WOLF PACK STRATEGISTS, 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:

ERIKA G. MERANO

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

WOLF PACK STRATEGISTS, LLC

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

382 NE 191ST STREET PMB 458316

\_\_\_\_\_  
Address

MIAMI, FLORIDA, 33179

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

ERIKAM@CATALYSTFLYWHEEL.COM

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

For further information concerning this matter, please call:

ERIKA G. MERANO

321 4237050  
at ( )

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

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input 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 checked="" 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

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and assigned

Page 1 of 3

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>
MGR	ERIKA MERANO	382 NE 191ST STREET PMB 458316	<input type="checkbox"/> Add
		MIAMI, FLORIDA, 33179	<input type="checkbox"/> Remove
		* (CHANGE FROM AMBR TO MGR)	<input checked="" type="checkbox"/> Change
AMBR	CRAIG MERANO LORETO	382 NE 191ST STREET PMB 458316	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA, 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GABRIEL MERANO LORETO	382 NE 191ST STREET PMB 458316	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA, 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<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.)*

WEBSITE: WWW.CATALYSTFLYWHEEL.COM

EMAIL ADDRESS: ERIKAM@CATALYSTFLYWHEEL.COM

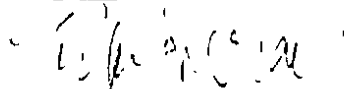
**E. Effective date, if other than the date of filing:** MAY 1, 2023 **(optional)**

*(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 APRIL 17, 2023



Signature of a member or authorized representative of a member

**ERIKA MERANO**

Typed or printed name of signee