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COVER LETTER

TO: Registration Se Division of Cor							
Wolfpak In	vestigations LLC						
!	Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing,					
Please return all correspo	endence concerning this matter	to the following:					
	Tracy Couillard						
		Name of Person					
į	Wolfpak Investigations LL	.c					
Firm/Company							
	5252 River Road						
		Address					
	Hilliard, Fl 32046						
		City/State and Zip Code					
	tcouillard.cis@gmail.com	to be used for future annual report notifi					
For further information c	oncerning this matter, please or		canos)				
Tracy Couillard 904 5103665							
Name o	f Person	at ()	Telephone Number				
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)	Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7,	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Wolfpak investigations, 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 01-22-24 and assigned Florida document number L24000041054 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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. If Changing Registered Agent, Signature of New Registered Agent

If amending	Authorized Person(s)	authorized to manage	e, enter the title, name,	nd address of each n	arron heing added
07.10110700	Toni our records.	•	, and the state of		erson being adden
MGR = M $AMBR = A$	anager uthorized Member				
Title	<u>Name</u>		ddress		Type of Action
AMBR	Tracy Couillard	52	252 River Road Hill	iard FL	
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D. If am	nending anv	other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		my name, Tracy Couillard as an authorized user please		
				
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E. Effec	tive date, if	other than the date of filing: (optional)		
IAOLE	in the date in	isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to deserted in this block does not meet the applicable statutory filing requirements, this date will not be	Ю5.0207 (3)(b) isted as the	
docu	ment's ettecti	ve date on the Department of State's records.		
If the reco	ord specifies a	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at		
record is	filed.	1	Her the	
_	d 02-14-24			
Dated	1	1		
		aux Conielad		
		Signature of a member or authorized representative of a member		
	Tracy C	ouillard		
		Typed or printed name of signee		
:		Filing Fee: \$25.00		٠٠.