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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 : (888)462-3453 Phone : (8771919 2613 Fax Number

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

Fmail Address:	EFILE1234	(a	110	NCF	- IL	Ε.	CC	M	

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WOLFF STRATEGIC SOLUTIONS LLC

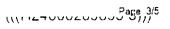
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COVER LETTER

TO:	Registration Se Division of Cor			
C1:D11	WOLFF ST	RATEGIC SOLUTIONS LLC		
SUBJE		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The end	closed Articles of	Amendment and fee(s) are sub	mutted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		LOVETTE DOBSON		
		<u> </u>	Name of Petson	
			Firm Company	
		17350 STATE HWY 249 S	STE 220	
			Address	
		HOUSTON, TX 77064		
			City/State and Zip Code	
		EPILE1234@INCFILE.CO		
		F-mail address: ()	to be used for future annual repor	t notification)
For fur	ther information c	oncerning this matter, please or	ıll:	
LOVETTE DOBSON			at () Area Code D	888-462-3453 Paytime Telephone Number
	Name o	f Person	Area Code D	aytime Telephone Number
Enclose	ed is a check for th	ne following amount:		
= \$2:	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	11 \$55.00 Filing Fee & Certified Copy radditional copy is enclosed	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORFESTRATEGE					
(Name of the Limited Liability Compa (A Florida Limited	my as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000159499}{1.24000159499}$. This amendment is submitted to amend the following:		and assigned			
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 a	boreviation "L.L.C"			
Enter new principal offices address, if applicable:	700 Magnotia Creek Cir				
(Principal office address MUST BE A STREET ADDRESS) Orlando, FL 32828					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
New Registered Office Address:	Enter Florida street address				
	Enter Florida street address Florida Ony	13 T			
	Cuy	岛 ^加 基。 <u></u>			
New Registered Agent's Signature, it changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or.	familiar with and . if this document is			

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>	Type of Action
AMBR	Victor Manzano	700 Magnolia Creek Cir	
		Orlando, Fl. 32828	
			□ Change
			C/Add
			□Remove
			[i]Change
			Gadd
			□Remove
			TlChange
			fladd
		····	□Remove
			[7]Change
		<u>a</u>	⊞Add
		- <u></u>	LIRemove
			CChange
			DAdd
			□Remove
			DChange

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*	 -			
				
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bladecument's effective date on the Defective date.	ock does not meet the appli	icable statutory filing requ	(optional) in 90 days after filing.) Pursuant t direments, this date will not b	o 605,0207 (2 e listed as tl
e record specifies a delayed effective d is filed.	date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated August 12	202-:	<u> </u>		
	Signature of a magniture of an	for Marzano	ember	<u> </u>
	organical or a member of aut	normed representative or a ir	emoçi	
		V		

Filing Fee: \$25.00