9/28/24, 6:48 PM



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.

(((H24000329532 3)))



H240003295323ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

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

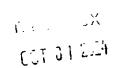
Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3 WOLVES DEN LLC

Certificate of Status	0
Certified Copy	L
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help



COVER LETTER

TO: Registratio Division of	n Section Corporations		
3 WOL	VES DEN LLC		
SUBJECT:	Name of Li	mited Liability Company	·
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	τ to the following:	
	Mike Town		
		Name of Person	<u></u>
	Legalzoom.com, Inc.		
		Firm/Company	
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
	12020	City/State and Zip Code	
	lanman327@yahoo.com	to be used for future annual report noti	·
For further informatio	n concerning this matter, please o	•	ireation)
Mike Town	a concerning and matter, prease c		
	e of Person	at ()	
Nam	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check fo	r the following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclused)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ILING ADDRESS:	STREET/COURI	
	stration Section sion of Corporations	Registration Section Division of Corpora	
P.O.	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Cer	
1 9119	41 CAL A 1 , JUGGIN	Zoor Executive Cet	HET CIFCIE

Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 WOLVES DEN LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000305656</u>	were filed on 07/09/2024	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 Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	3690 West Gandy Blvd Suite #436	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Hillsborough, FL, 33611	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	fice address on our records, enter	the name of the new
	Florido	.

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 Changing Registered Agent, Signature of New Registered Agent

7# C0 €5

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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Magda Tumi Portela	3690 West Gandy Blvd Suite #436	□ Add
		Tampa, Hillsborough, FL, 33611	
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			□ Change
			☐ Remove
			Change
			
			□ Remove
			□ Change
			
			B Remove
			☐ Change

•	
-	
-	
-	
_	
-	
-	
iote:	lve date, if other than the date of filing: (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
e rec The	
The	September 26 2024
The	

Page 3 of 3

Filing Fee: \$25.00