

L24000491039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

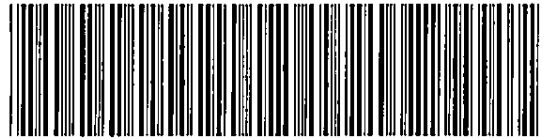
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



600440543976

12/05/24--01012--028 \*\*25.00

2024 Jan 13 AM 10:13

JAN 17

S. PRATHER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GREY WOLF CONSULTING, 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:

DAVID S CRAMMER

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

SAJO FINANCIAL CORP

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

3801 N UNIVERSITY DRIVE, SUITE 318

\_\_\_\_\_  
Address

SUNRISE, FL 33351

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

SAJOFINANCIAL@BELLSOUTH.NET

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

For further information concerning this matter, please call:

DAVID S CRAMMER

954

789-9064

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional 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

2004-01-01

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Jessica Jones  
If Changing Registered Agent, Signature of New Registered Agent

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	CHRISTOPHER JONES	10022 SW 49TH PLACE	<input type="checkbox"/> Add
		COOPER CITY, FL 33328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESSICA JONES	2965 HIDDEN HARBOUR STREET	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Dated NOVEMBER 26 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**