## P14000020914

(Requestor's Name)
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(Oity/Otate/2/p/r Hone #)
PICK-UP WAIT MAIL
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(Document Number)
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SEGRETARY OF STATE

J. N. 8-19-14

		<u>COVER LETTER</u>			
TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: WOLF WORKS, INC.					C
DOCUMENT NUMBER: P14000020914					_
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		TATE	-
Please return all corresp	oondence concerning this ma	tter to the following:		\$	X,
	EVELIO CARDO	SO			
_	LAFFIO OVIVDO		<u> </u>		
	REALFLEX COR	Name of Contact Person	1		
		Firm/ Company			
ļ	6447 MIAMI LAK		26		
-		Address			
	MIAMI LAKES, F	L 33014.			
		City/ State and Zip Cod	e		
EVE	ELIOUSA@GMAI	L.COM			
		sed for future annual report	notification)	_	
For further information	concerning this matter, pleas	se call:			
HERNA LEIV	Α	786	, 5878396		
Name o	f Contact Person	Area Co	de & Daytime Telephone N	umber	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section		Amendment Section Division of Corporations			
Division of Corporations P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Ame to Articles of Incorp		SECRE TALLAH	
WOLF WORKS, INC.		ASS	
(Name of Corporation as currently filed with the Flor	ida Dept, of State)	ma.	0
P14000020914		300	
(Document Number of Corporation (if ke	nown)		80 S
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adop		
A. If amending name, enter the new name of the corporation:			
N/A			The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:  Name of New Registered Agent  N/A	". A professional corporation  N/A  N/A	on name must co	oreviation ontain the
(Florida street	address)		
New Registered Office Address: N/A	, Florida		
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with  Signature of New Registered Age		of the position.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title; list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,

Mike Jones, V as Rem	teaves the corp ove, and Sally S	oration, Sally Smith is named the V and . Smith, SV as an Add.	S. These should be noted as John-Doe, PT as a C
Example: X Change	<u>PT</u> <u>Jo</u>	ohn Doe	SECRED
X Remove	<u>V</u> <u>N</u>	<u>like Jones</u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address P. ORID
1) Change	VP	MIGUEL D RAMOS	18615 NW 84 PL
Add			SUITE 103
Remove			HIALEAH, FL 33015
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption: N/A	, if other than the
date this document was signed.	
Effective date if applicable: N/A	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	,
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	14 AUG
"The number of votes cast for the amendment(s) was/were sufficient for approval	CO ( )
by	<u> </u>
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 08/05/2014	
Signature Herra leija	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
HERNA P LEIVA	
(Typed or printed name of person signing)	-
PRESIDENT	_
(Title of person signing)	_

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