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SECNELARY OF STATE

ALL PHARGES STORING

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: WOLF BROTHER	'S INC			
DOCUMENT NUMBER	P18000005910				
The enclosed Articles of A	Amendment and fee are sul	bmitted for filing.			
Please return all correspo	ndence concerning this mat	ter to the following:			
		VANESSA TORRES			
	Name of Contact Person				
	ALL AMERICAN PERMITS LLC				
<del></del>		Firm/ Company			
	5721 NW 74TH AVE SUITE A				
	Address				
	MIAMI FL 33166				
_		City/ State and Zip Code	e		
	PER	RMITS2009@LIVE.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
	oncerning this matter, pleas		501-4791		
Name of Contact Person		Area Co			
Enclosed is a check for the	ne following amount made				
\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

## WOLF BROTHER'S INC

(Name o	f Corporation as currently	r filed with the Florida I	Dept. of State)
	P1800	0005910	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	006, Florida Statutes, this a	Florida Profit Corporatio	on adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designe word "chartered," "professional associat	ation "Corp," "Inc," or "(	Co". A professional cor	orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, i (Principal office address MUST BE A ST			
			A Co
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del></del>	ALIASSEE.
D. If amending the registered agent an new registered agent and/or the new	d/or registered office <u>addi</u> v registered office address	ess in Florida, enter the	PLORIDA 2: 16
Name of New Registered Agent	ADRIANA LAFFITA RO		
Name of New Negastered Agent		T APT 2	<del></del>
	(Florida str	eet address)	<del></del>
	٨	ИАМІ	. Florida
New Registered Office Address:		(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. I am familiar v	: with and accept the obliga Registered Agent, if chang	

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 <math>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 Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ADRIANA LAFFITA RODRIGUEZ	36 W 15TH ST APT 2
X Add			HIALEAH, FL 33010
Remove			
2) Change	P	FERNANDEZ SANCHEZ, JUAN C	36 W 15TH ST APT 2
, Add		<del></del>	HIALEAH, FL 33010
X Remove			
3 ) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		<del></del> :	
Remove			

•••••	additional Artic ts, if necessary).	(Be specific)			
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<u> </u>				•	
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-					
	vides <u>for an exch</u> a	ange, reclassificati	on, or cancellatio	n of issued shares,	
f an amendment pro-	<b></b>	<u>idment if not conti</u>	ained <u>in the amen</u>	<u>dment itself:</u>	
provisions for implei	nenting the amen indicate N/A)				
f an amendment pro- provisions for imples (if not applicable)	indicate N/A)				
provisions for implei	indicate N/A)				
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provisions for implei	indicate N/A)				

05/24/2018	
The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as th
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):	nt
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	г
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
05/24/8 Dated	
Signature	
Signature  (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)	ı
ADRIANA LAFFITA RODRIGUEZ	
(Typed or printed name of person signing)	
OWNER / P	
(Title of person signing)	