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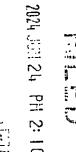
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: WOLF ROCK EA	ST, INC.	
DOCUMENT NUM	P21000016432		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Tyler Johnson		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	<del></del>
	Threlkeld Law, P.A.		
		Firm/ Company	
	3003 Tamiami Trail N.		
	·	Address	
	Naples, FL 34103		
		City/ State and Zip Code	e
	cwrisso@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
To turde mornar	on contenting the manner, pro-		
Tyler Johnson		at (	) 234-5034 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

WOLF ROCK EAST, INC.		FILED
(Name of Corporation	as currently filed with the Flori	da Dept. of State)
P21000016432		2024 JUH 24 PH 2: 10
(Documer	nt Number of Corporation (if know	vn) (
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corpor	ration adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	ooration:	
		The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp." "Inc," or chartered," "professional association," or the abbrevi	or "Co". A professional corpor	orated" or the abbreviation "Corp.," ration name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		the name of the
Name of New Registered Agent		<del></del>
		<u>-</u>
	(Florida street address)	
New Registered Office Address:	<del></del>	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I detect the appointment of the second seco	tered Agent: am familiar with and accept the ob	oligations of the position.
Signati	ire of New Registered Agent, if ch	unging
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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 Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Joh</u>	ın Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Charlie Charlson	2026 Henley Place
Add			Fort Myers, FL 33901
X Remove 2) Change	P	Christopher W. Risso	2026 Henley Place
X Add			Fort Myers, FL 33901
Remove 3) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			<del>-</del>
Add			······································
Remove			
6) Change			_
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
f an amendment provides for an exchange, reclassification, or cancellation	of issued shares,
provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A)	ment itself:
(у погаррисате, такае мл.)	
	<u></u>
	<del></del>
	<u> </u>

	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	slock does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sharehole	der action and shareholder
■ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amerafficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
June 18, 20	224	
Dated		
	Constant of	
Signature		
	irector, president or other officer – if directors or officers have no	
	d, by an incorporator – if in the hands of a receiver, trustee, or other	ner court
арроп	ted fiduciary by that fiduciary)	
	Christopher W. Risso	
	(Typed or printed name of person signing)	
	Shareholder	
	(Title of person signing)	