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SECRETARY OF STATE

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P # 31



COVER LETTER

	Division of Corpo	orations				
SII	ВЈЕСТ:					
, o		Name of Lim	ited Liability Company			
The	e enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Ple	ase return all correspond	dence concerning this matter	to the following:			
			Dwight Gorall			
		 .	Name of Person		-	
			-			
708 Carriage Hill Lane						
			-			
Boca Raton, Florida 33486						
			City/State and Zip Code	i [2015 SEC	
			ght.gorall@netwisedata.com		全部 22	11
			to be used for future annual report n	·	第7 第7 第4 第4 第4 第4 第4 第4 第4 第4 第4 第4	-
For	further information con	ncerning this matter, please ca	all:			
Dwight Gorall		561 at ()	306-5040		O	
	Name of I	erson	Area Code Day	time Telephone Number		
Enc	closed 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)	Certified	te of Status &	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	C, a Florida limited liability of	• •			
(Name of the Limited Liabili (A Florida	ty Company as it now appear Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability C	ompany were filed on	October 1, 2002	and assigned		
lorida document number L02000025829	 '				
This amendment is submitted to amend the following:					
a. If amending name, enter the new name of the limi	ited liability company he	<u>re</u> :			
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	esignation "LLC" or the abbr	eviation "L.L.C."		
Inter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDR	RESS)				
		2 (o 	2015		
		7-55 En			
nter new mailing address, if applicable:		HASSEE			
Mailing address MAY BE A POST OFFICE BOX)					
numg undress mat be a tost office boa	-				
		OTT TEX			
B. If amending the registered agent and/or regist	tared office address on	©n:	W		
egistered agent and/or the new registered office add		our records, enter th	ie name of the		
Name of New Registered Agent:					
New Registered Office Address:	Futar Elan	da street address			
	Enter Piori	uu sireet uuuress			
 	City	, Florida	Zip Code		
	City		zip Coae		

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.

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>	Address		Type of Action
AMBR	Dwight Gorall	708 Carriage Hill Lane		
		Boca Raton, Florida 33486		Remove
				Change
				🗆 Add
				□ Remove
				Change
				Add
			SECRETARY TALLAHASSEE	Remove
	,		RY OF STATE SEE, FLORIDA	Add Remove
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Effective d	late, if other thar	ı the date of f	iling:				(optional)		
f an effective	e date is listed, the dat e date inserted in tl	te must be specifi	c and cannot	be prior to da	te of filing or n	nore than 90 day	s after filing.) I	ursuant to	605.0207 (
document's	s effective date on t	he Department	of State's r	ecords.	Statutory IIII	ig requirement	is, this date w	iii not be	nsieu as n
	specifies a del			out not ar	effective	time, at 12	:01 a.m. oi	n the ea	arlier of:
		record is fil	ed.						
	th day after the			عرار ر					
The 90t		′ //	-						
The 90t		10	_; <i>}</i>	<u> </u>	11				
The 90t		10	-; X 1/X	Delu	U				
		Signature	of a member	Ollus or authorized	O representative	of a member			_

Page 3 of 3

Filing Fee: \$25.00