## L06000031851

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SECRETARY OF SYME

## **COVER LETTER**

TO: Registration, S  Division of Co	Section Propartions		
SUBJECT:	CSpan	Holdings, LLC	8.
	· · · · · · · · · · · · · · · · · · ·	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Steven L. Barnett	
		Name of Person	
	C	Span Holdings, LLC	
		Firm/Company	<del></del>
	Post Office Box 644150		
		Address	
	V	ero Beach, FL 32964	
		City/State and Zip Code	
	yro E-mail address: (1	kaw@capitalspan.com to be used for future annual report notificat	ion)
For further information	concerning this matter, please c	all:	
	onne Rokaw	at	39-0702
Name	of Person	Area Code & Daytime T	elephone 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



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CSpan Holdings, LLC  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on03/27/2006 and assigned Florida document numberL06000031851	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Wirefree Partners Holdings, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevi 'L.L.C."	ation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>
	_
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
City Zip Code	
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR ≠Manager

<u> Fitle</u>	Name	Address	Type of Acti
			Add Remove
			Add Remove 
	<del></del>		Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amend — — — —	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY BY SEA
<del></del>	November 9 , 20	10	- <b>a</b> for
Dated			

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Filing Fee: \$25.00