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EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: A-Wyre Communications and More, LLC			
(Name of Limited Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jill M. Nolan			
(Name of Person)			
A-Wyre Communications and More, LLC			
(Firm Company)			
7420 North US Highway 19			
(Address)			
Old Town, FL 32680			
(City State and Zip Code)			
For further information concerning this matter, please call:			
Dolores S. Willoughby (Name of Person) at (352) 463-2303 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section			

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

TO: Registration Section

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

ARTICLES OF AMENDMENT TO

FILED SECRETARY OF STATE DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION
OF

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A-WYRE COMMUNICATION		
(<u>Name of the Limite</u> (d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)
`		,
The Articles of Organization for this Limited I	Liability Company were filed on 02	2/25/2008 and assigned
Florida document number <u>L08000019740</u>	·	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name of	of the limited liability company h	e <u>re</u> :
A-Wyre Communications and More, I	_LC	
The new name must be distinguishable and end w "L.L.C."		pany," the designation "LLC" or the abbreviation
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new
	,	
Name of New Registered Agent:	Jill M. Nolan	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	7420 North US Highway	19
	(1	Enter Florida street address)
	Fanning Springs	Florida 32693
	(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.

hanging Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** Name Address **Type of Action** MGRM Jill M. Nolan 485 NE Rowan Rd ✓ Add Mayo, EL 32066 Remove Dolores S. Willoughby MGRM ✓ Add PO Box 1848 Old Town, FL 32680 Remove MGRM 178 SE 923 Street Old Town, FL 32680 David W. Willoughby, Jr. √ Add Remove MGRM Walter C. Willoughby, Sr. ✓ Add PO Box 1838 Old Town, FL 32680 Remove MERA ✓Add Kimberly L. Willoughby PO Box 1848 Old Town, FL 32680 Remove MBLL Jamie L. Willoughby ✓Add <u>PO Box 1848</u> Old Town, FL Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I was in a complete rush in completing the previous Articles of Organization. It is to my understanding that one can only name 6 people to the LCC. Since the documentation did not hereby set the limit, can I add names later? This is a familia owned and operated retailer. Moreover, please add the FEI # to our business These Dolores' children and my profile. Thank you in advance, Cousins. Dated April 26 2008 iture of a member or authorized representative of a member ʻill M. Nolan Typed or printed name of signee

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Filing Fee: \$25.00