# 409000119049

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### **COVER LETTER**

TO: Registration Section
Division of Corporations

WIRES TECHNOLOGIES GROUP LLC

SUBJECT:

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:

# YVETTE RASHID

Name of Person

# UNIVERSAL ACCOUNTING

Firm/Company

2787 E OAKLAND PARK BLVD STE 204

Address

FORT LAUDERDALE, FL 33306

City/State and Zip Code

YVETTE@UNIVERSALACCOUNTINGFINANCIAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# YVETTE RASHID

954 728-8982

Name of Person

Area Code

Daytime Telephone 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

WIRES TECHNOLOGIES GRO		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L9000119049</u>	pany were filed on 12/12/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2014
(Principal office address MUST BE A STREET ADDRES	<u></u>	NH 7
Enter new mailing address, if applicable:	·	SSEE PA
(Mailing address MAY BE A POST OFFICE BOX)		REFERENCE OF THE PROPERTY OF T
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
•		la.
	, Florid	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action Address** <u>Title</u> <u>Name</u> CALLE 25 NO. 22-23 MGRM WIRES TECHNOLOGIES LIMITADA □ Add MANIZALES, COLOMBIA ■ Remove CARRERA 12 BIS NO. 8-23 MGRM WIRES TECHNOLOGIES S.A.S. **≅** Add PEREIRA, RISARALDA, COLOMBIA ☐ Remove ■ Remove □ Add ☐ Remove □ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	y.) 		
(The effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated  O3/19  Signature of a member or authorized representative of a member			
Typed or printed name of signee			
	TALLAHASSEC FLORIDA	2014 MAR 24 PM 3 56	

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Filing Fee: \$25.00