410000051576

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

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A. LUNT

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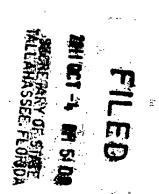
EXAMINER

Office Use Only



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COVER LETTER

Division of C				
SUBJECT:	Miam	ni Wired, LLC		
		ited Liability Company		
	of Amendment and fee(s) are su	-		
		Attila Kovacs		
Name of Person				_
		Miami Wired, LLC		
	_			
		2717 Sherman St	•	P . *
		Address		
		Hollywood, FL 33020		8 7
		City/State and Zip Code	•	SSE A
	E-mail address: (nfo@miamiwired.com to be used for future annual report noti	fication)	
For further information	concerning this matter, please	call:		97 57
,	Attila Kovacs	at (305)	479-9399	*
Name	of Person	Area Code & Daytin	ne Telephone Numbe	er
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	iling Fee, ate of Status & ed Copy onal copy is enclosed)
	LING ADDRESS:	STREET/COUR Registration Secti		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mia:	mi Wired, LLC			
(Name of the Limited Liability (A Florida I	Company as it now appea	rs on our records.		
(A Fiorita t	Zinnied Eraoring Company)			
The Articles of Organization for this Limited Liability C	ompany were filed on	5/12/2010	and assigned	
Florida document number L10000051576				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited lighility company he	*a*		
7. Is amending name, enter the new name of the mini	ned nability company ne	<u>.c.</u> .		
The new name must be distinguishable and end with the wor	ds "Limited Liability Comp	any " the decignation "	LLC" or the abbreviation	
"L.L.C."	ds Emined Diability Comp.	any, the designation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	(ESS)			
			<u>\$</u> \$ \$	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			9H 5 17	
			88 0	
B. If amending the registered agent and/or regist		our records, enter	the name of the new	
registered agent and/or the new registered office addi	ress here:			
Name of New Registered Agent:			***	
New Registered Office Address:				
Enter Florida street address				
	City	, Florida	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, <u>enter the title, name, and address of each Manager of Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Christina Aiken Ms. 2717 Sherman St ✓ Add Hollywood, FL 33020 ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 30 2011 Dated ____ Signature of a member or authorized representative of a member Attila Kovacs Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00