L10000078160

(Re	questor's Name))		
(Ad	dress)			
(nu	u1 033)			
. (Ad	dress)			
(Cit	y/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number	<u> </u>		
	cament Number	,		
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300184091663

08/09/10--01013--003 **25.00

10 AUG -9 AM II: 17
SECRET ARY OF STATE
SECRET ARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Freewire Technologies, LLC. Name of Limited Liability Company	
	Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please 1	return all correspondence concerning this matter to the following:	
	Brett Colto	on
	Name of Person	
	Freewire Tec	hnologies, LLC.
	5749 Pemir Address	ole Way
		-
	City/State and Zip Cod	: /
	AVI KVIMY WHOT MAIL - E-mail address: (to be used for future annual	Com/colton Brett 72 (a) hot muil
	ther information concerning this matter, please call:	
AVI		603847
<u> Dre</u>	Name of Person Area Co	de & Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$25.	5.00 Filing Fee Scertificate of Status S55.00 Filing Fee Certified Copy (additional copy	Certificate of Status &
	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Regist Cliftor Cliftor 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations Building xecutive Center Circle assee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 AUG 49 AMII: 17

0.	AND TO AMIL:
Name of the Limited Liability Compan (A Florida Limited Li	E C Mark to
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	5749 Seminole way
(Principal office address MUST BE A STREET ADDRESS)	Holly wood F4 33314.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5749 Seminole Way Hollywood, FC 33314
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida screet address
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	2.p com
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl	

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	Jason Kaplan	4631 Windward Con Wellington, FC 334	Je Lane Add 49 ZI Remove			
			Add Remove			
<u></u>			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If ame	nding any other information, ent	er change(s) here: (Attach additional sheets, i				
-			FILED 10 AUG +9 AM SECRETARY OF TAILLAHASSEE.			
-			ARY OF SIATION			
Dated	Avi Rorm Signature of	a member or authorized representative of a member	er A			
	Avi Ruiny	Typed or printed name of signee Page 2 of 2	COLTON			
Filing Fee: \$25.00						