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SECRETARY OF STATE
ALLAHASSEF, FLORIO

T. HAMPTON

2 9 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor			2 · .	
SHRII	ECT:	PLUT WIFI	uc		
30 23 01	<u></u>		ited Liability Company	- 4,, ····, - 1, · 	
The en	iclosed Articles of Am	endment and fee(s) are su	bmitted for filing.		
Please	return all corresponde	nce concerning this matter	r to the following:		
	-	Ryz	Name of Person		
			Name of Felson		
	_	PLA	JT WIFI LLC Firm/Company		
			Firm/Company		
		8704 Clu	Address WAY		
	-	<u> </u>	Address		
		LAKE WO	City/State and Zip Code		
	<u></u>			<u> </u>	
	_		7150 @ DQ . (om to be used for future annual report r	4.6	
For fur	ther information conce	erning this matter, please c	•	iouncanon)	
	Rynd D. L Name of Per	eu~ son	at (561) 676 Area Code & Day	ytime Telephone Number	
Enclose	ed is a check for the fo	llowing amount:			
⊒ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclose	ed)

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

FILED

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Liability Company)	8 PM 1:59 CY OF STATE SSEE, FLORIDA and assigned
t i	
The Articles of Organization for this Limited Liability Company were filed on 8/12/2010	and assigned
Florida document number	
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 Liability Company," the designation "L.L.C."	LC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) 8704 Club Estates W	λV
Lake Wolth, FL. 33	(67)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
lake Worth, PL 334	67
B. If amending the registered agent and/or registered office address on our records, enter t registered agent and/or the new registered office address here:	he name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street add	ress
, Florida	
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 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>Name</u>	Address	Type of Actio
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. If amen	nding any other information, enter ch	ange(s) here: (Attach additional she	ets, if necessary.)
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Filing Fee: \$25.00