L11000037214

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

Office Use Only



300275216623

07/27/15--01039--016 **25.00



JUL 28 2015

3 MASON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HIGHWITE 360 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:
JUBAL THMAN Name of Person
Highwire 360, LLC
1500 Cordova Road, Suite 214
Fort landerdalE F/ 33316. City/State and ZipCode
JUDALWADUAHTAGES FROMES MET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Judal Thmall at (954) 527-0457 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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**

Name of the Limited Liability	340 LC ty Company as it now appe a Limited Liability Company	ears on our records.)
(A Florida	Limited Liability Company	
The Articles of Organization for this Limited Liability C Florida document number \(\bigcup_1 \) \(\frac{000372}{0000372} \)	ompany were filed on \int	MARCH 28, 2011 and assigned
Florida document number LIVOUOS 12	<u>.</u> T	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company l	here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	YESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or regist		on 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 Fl	lorida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I haraby accent the appointment as registered want	and comes to get in this	a compaint. I forther arrest to comply with the

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Type of Action **Address** Name 1500 CordouA Rd MGRM Kemove Ft lauderdalt, Fl 33316 - Change □ Add ☐ Remove ☐ Change □ Add □ Remove □[Change

	•						
				,			*****
							
 :							
				· ·			
							
							<u> </u>
							
							
			The state of the s				
							· · ·
		· · · · · · · · · · · · · · · · · · ·					
				· - · · · · · ·			
	-			=			
		٠,	· Ath -	1			
	er than the date o	of filing:	4//	0/5	(option	iał)	
ecuve date, ii oth	ted in this block doe	es not meet the	e applicable statu	or more man story filing require	ements, this	ling.) Pursu late will no	ot be listed as
neffective date is listed te: If the date inser	ate on the Denartmo	ent of State's r	ecords.				
effective date is listed te: If the date inser	ate on the Departm						
effective date is listed e: If the date inser ument's effective d							
effective date is listed te: If the date inser ument's effective d record specifies	a delayed effec	ctive date, b		ective time, a	: 12:01 a.:	m. on th	e earlier of
effective date is listed te: If the date inser ument's effective d record specifies		ctive date, b		ective time, a	: 12:01 a.:	m. on th	e earlier of
effective date is listed te: If the date inser ument's effective d record specifies he 90th day aft	a delayed effec	ctive date, b		ective time, a	: 12:01 a.:	m. on th	e earlier of
effective date is listed te: If the date inser cument's effective d record specifies	a delayed effec	ctive date, b		ective time, a	: 12:01 a.:	m. on th	e earlier of
effective date is listed te: If the date inser ument's effective d record specifies he 90th day aft	a delayed effec	ctive date, b		ective time, a	: 12:01 a.:	m. on th	e earlier of
reflective date is listed te: If the date inser- nument's effective d record specifies he 90th day aft	a delayed effecter the record is	ctive date, b	out not an effect $\frac{2}{5}$:	•		2.7	e earlier of
effective date is listed te: If the date inser ument's effective d record specifies he 90th day aft	a delayed effecter the record is	ctive date, b		•		m. on th	e earlier of

Page 3 of 3

Filing Fee: \$25.00