

L11000052413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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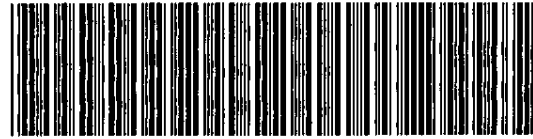
(Business Entity Name)

(Document Number)

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2011 OCT 31 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
NOV 1 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wired Xtreme  
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:

TODD SHERMER

Name of Person

WIRED XTREME

Firm/Company

1245 N. HERCULES AVE

Address

CLEARWATER FL 33765

City/State and Zip Code

Todd@WiredXTREME.COM

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

For further information concerning this matter, please call:

BRENT AGIN MD

Name of Person

at ( 727 ) 423-8466

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

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Wired Xtreme LLC  
(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company)  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05.04.2011 and assigned  
Florida document number 110000052413

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1245 N HERCULES AVE.  
CLEARWATER FL 33765  
/

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1245 N. HERCULES AVE  
CLEARWATER FL 33765  
/

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1245 N. HERCULES AVE  
Enter Florida street address  
CLEARWATER, Florida 33765  
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 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

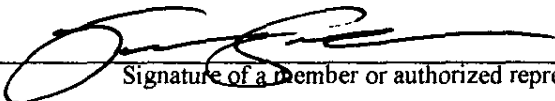
Title	Name	Address	Type of Action
MGRM	William MATOS JR.	101 N. FT. HARRISON CLEARWATER, FL 33755	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	William Wright	1245 N. HERCULES AVE CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated 10/20/2011

  
Signature of a member or authorized representative of a member  
TODD SHERMER  
Typed or printed name of signee