L1300063566

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

Division of Cor	porations		
SUBJECT:	ielded Neti	work, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	Ū	-	
	Jeremy	Maycus Name of Person	
	Shielded 1	Network, LLC	<u></u>
	150 East A	almetto Park Re	d. Suite 20
	Boca Ration	City/State and Zip Code	
	Missterling E-mail address: I	o be used for future annual report notific	
For further information of	concerning this matter, please ca	all:	Section 1
	······, (-······		
Jeremy!	MOYCUS of Person	at (501) 779 - Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

_Shielded Natwork	ille	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L13000063566</u>	y were filed on $5(01/2013)$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	150 East Palmetto	Park Rd.
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, Fi	33437
Enter new mailing address, if applicable:	150 East Palmet	to Park Rd.
(Mailing address MAY BE A POST OFFICE BOX)	Boa Ration, Fl	33432
B. If amending the registered agent and/or registered		ter the name of the new
registered agent and/or the new registered office address he	<u>re</u> :	2000年5月
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			⊔ Add
			□ Remove
			Add
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			□ Remove
			
			Add
			□ Remove
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-			☐ Remove

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f amending any	y other information, enter change(s) here: (Attach additional sheets, if necessary
, -	
fective date, if	f other than the date of filing: (optional) ust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
effective date me date this docume	ust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ent is filed by the Florida Department of State)
ted	~(1/14,
	Signature of a member or authorized representative of a member
	JULIAN MORUS Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FEORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Limited Liability Company

SHIELDED NETWORK LLC

Filing Information

Document Number

L13000063566

FEI/EIN Number

NONE

Date Filed

05/01/2013

State

FL

Status

ACTIVE

Effective Date

04/30/2013

Last Event

LC AMENDMENT AND NAME CHANGE

Event Date Filed

08/05/2014

Event Effective Date

NONE

Principal Address

260 SW NATURA AVE

DEERFIELD BEACH, FL 33441

Changed: 08/05/2014

Mailing Address

1111 E Sunrise Blvd

03-312

fort lauderdale, FL 33304

Changed: 01/14/2014

Registered Agent Name & Address

MARCUS, JEREMY

260 SW NATURA AVE

DEERFIELD BEACH, FL 33441

Name Changed: 08/05/2014

Address Changed: 08/05/2014

Authorized Person(s) Detail

Name & Address

Title MGMR

9/11/2014

MARCUS, JEREMY 260 SW NATURA AVE DEERFIELD BEACH, FL 33441

Annual Reports

Report Year

Filed Date

2014

01/14/2014

2014

01/27/2014

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