# 130000003566

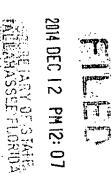
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Section 2 littly (Mailley)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500267304455

12/12/14--01033--010 \*\*25.00



DEC 17 TELL

## **COVER LETTER**

	egistration Sect vision of Corp					
SUBJECT:	Shielded I	Network, LLC				
SUBJECT	•	Name of Lim	ited Liability Company			
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspond	dence concerning this matter	to the following:			
		Katherine McGrath				
			Name of Person		•	
			Firm/Company			
		260 SW Natura Ave				
			Address		•	
		Deerfield Beach, Flo				
•		1.0	City/State and Zip Code		y Marine	
		katherinemcgratheso	Juire@gmail.com to be used for future annual report	notification)		-
For further	information cor	ncerning this matter, please co	·	,	DEC   AHAS	Language
Katherin	e McGrath		954 242 98		2 P	
F11:-	Name of I		Area Code Day	ytime Telephone Number	PM I2: 07 JF) STALE	Paint
		following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

Shielded Network, LLC					
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	s it now appears on our lity Company)	records.)	<del></del>	
The Articles of Organization for this Limited I	Liability Company wer	e filed on <u>5/1/2013</u>	3	and assi	gned
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liability	company here:			
The new name must be distinguishable and end with the	e words "Limited Liability	Company," the designati	on "LLC" or the ab	breviation "L.	L.C."
Enter new principal offices address, if appli	icable:				
Principal office address MUST BE A STRE.	ET ADDRESS)			201	
Enter new mailing address, if applicable:	_			IDEC 12	
Mailing address MAY BE A POST OFFICE	E BOX)			P P	
	_			PH  2: 07	T. Marie
3. If amending the registered agent and egistered agent and/or the new registered of		address on our r	ecords, <u>enter t</u>	the name o	f the no
Name of New Registered Agent:	Rogatinsky & F	Perez			
New Registered Office Address:	3113 Stirling R	<del></del>			
		Enter Florida streel			
	Fort Lauderdal		, Florida <u>33</u> 3	312	
		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>:

MGR = 'Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shielded Network Partners	150 E Palmetto Park Road	<b>=</b> Add
		Boca Raton, Florida 33432	□ Remove
MGR	Jeremy Marcus	260 SW Natura Ave	
		Deerfield Beach, Florida 33441	■ Remove
			Remove
			 Адь
			ON DEPOVE 12 PH
			Remove
	<del></del>	<del></del>	Add
	•		□ Remove

1		
	17-7-1-7-7-8-0-1	
etive date, if other than the da	tte of filing:(opt	tional)
etive date, if other than the da fective date must be specific, cannot be ate this document is filed by the Florid	be prior to date of receipt or filed date and cannot be more than 90 days	tional) s after
ate this document is filed by the Florid	te of filing: (optoe prior to date of receipt or filed date and cannot be more than 90 days to Department of State)	tional) s after
ate this document is filed by the Florid	la Department of State)	tional) s after
ate this document is filed by the Florid	la Department of State)	tional) s after

Page 3 of 3

Filing Fee: \$25.00

2014 DEC 12 PM 12: 07