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SEP 1 3 2015

D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Annamated Networks, UC 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:
And Awarez Name of Person
Annamated vetwels, uc
7507 University Blud
WHER PAKE 32792 City/State and Zip Code
annualed networks ela agradication E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person at 305,763-6486 Paytime Telephone Number Response Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \t

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

_Annahated	Netu	DRKSILL	ر		
(Name of the Limited I	Liability Compar Florida Limited L	y as it now appears on iability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number	bility Company	were filed on [77/0	3/13	and assign	ned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,"	the designation "L	LC" or the abb	reviation
Enter new principal offices address, if applica	ble:	7587U	riversity	7 Blue	<u></u>
(Principal office address MUST BE A STREET	(ADDRESS)	Winter Pi	ar, FL	132+	12
Enter new mailing address, if applicable:			· · ·	ZII8 SEF	
(Mailing address MAY BE A POST OFFICE E	3 <i>0X</i>)			255 255 255 255 255 255 255 255 255 255	games
				<u> </u>	TI
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered of ice address here	fice address on our <u>e</u> :	records, enter (SIA SI	the new
Name of New Registered Agent:		200 1100 00		<u> </u>	
New Registered Office Address:	758	THUNIVE Enter I	Sorida street add	ol UO Iress	
	MAK	2 Parx	, Florida	3270	12

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

MGRM = Managing Member Title Name **Address** Type of Action 2 Alvarez 7587 univosity Blvd DAdd unterpark, FL 32792 Anna Alvarez 928 University Blud MOTOR PARILY PREMOVE MGEM Borbara M. Rodnighe 929 university Bud add WINTERPARK, F1 32792 PREMOVE Nabila Albaje 928 unvolving Blud wnter Par IFL 32792 928 Univerty Bl

mending an	y other information, ent	er change(s) here:	(Attach additional sheets, if necessary
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		RALL	
	Signature of	a memer or authoriz	red representative of a member
	Ann		1/0-7
	TY) I	1 4110	リてと
	•	Typed or printed i	name of signee

Page 3 of 3

Filing Fee: \$25.00

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