

**LIQUID 23490**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**

**2016 MAY 13 P 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**MAY 12 2015  
D. BRUCE**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** METRO NETWORKING GROUP 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:

SHAYLA N DAVIS

Name of Person

METRO NETWORKING GROUP LLC

Firm/Company

8088 WAKEFIELD AVE

Address

JACKSONVILLE, FL 32208

City/State and Zip Code

METRONETWORKINGGROUP@GMAIL.COM

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

For further information concerning this matter, please call:

SHAYLA N DAVIS

904 662-7939  
at ( )  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(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

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2016 MAY 13 P 1:37  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

METRO NETWORKING GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 03, 2016 and assigned  
Florida document number L1600002340.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

*Enter Florida street address*

*City*

*Florida*

*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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHARLES L STOCKTON	4455 CONFEDERATE POINT RD	<input type="checkbox"/> Add
		APT 13C	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32210	<input type="checkbox"/> Change
AMBR	JESSICA L WILKERSON	9205 REDTAIL DR	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LARRY B FISHER JR.	10811 NATALIE DR E	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHAYLA N DAVIS	8088 WAKEFIELD AVE	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32208	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

PLEASE CHANGE SHAYLA N DAVIS FROM AMBR TO MGR

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MAY 11, 2016

Shayla Davis  
Signature of a member

Signature of a member or authorized representative of a member

**SHAYLA DAVIS**

Typed or printed name of signee

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MAY 23 P 1:37  
SECRETARY OF STATE  
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