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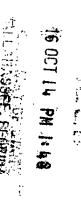
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration So Division of Co			
CITE IN COR	Network, LLC		
SUBJECT:		ted Liability Company	.
	Amendment and fee(s) are submondence concerning this matter t		
	Aaron H. Epstein		
		Name of Person	
		Firm/Company	
	3900 Parkside Lane		
		Address	
	Hollywood, FL 33021		
	aaron.epstein@gray-robinso	City/State and Zip Code	
		o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	II:	
Aaron H. Epstein		305 205-5935	
Name o	of Person	at ()	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: 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

Heads Up Network, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records Florida Limited Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Lial	bility Company were filed on 09/06/2016	and assigned
Florida document number L16000166514	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or	OX) r registered office address on our records	enter the name of the nev
registered agent and/or the new registered offi		4.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rio.	orida
	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

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>	Address	Type of Action
Mr.	Ryan Tables	3475 Sheridan Street, Suite 301	
		Hollywood, FL 33021	■ Remove
			Change
Mr.	Harris Gilbert	3475 Sheridan Street, Suite 301	Add
		Hollywood, FL 33021	■ Remove
			☐ Change
Mr.	Ian Schatzman	3475 Sheridan Street, Suite 301	
		Hollywood, FL 33021	■ Remove
			Change
Mr.	Keith Ginsberg	3475 Sheridan Street, Suite 301	
		Hollywood, FL 33021	■ Remove
			Change
Mr.		3475 Sheridan Street, Suite 301	Add
		Hollywood, FL 33021	Remove
	·		Change
			Add FV
			Remove
			☐ Change

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	(f)
tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 9	(optional)
If the date inserted in this block does not meet the applicable statutory filing required	ments, this date will not be listed
ment's effective date on the Department of State's records.	
	40.04
ecord specifies a delayed effective date, but not an effective time, at e 90th day after the record is filed.	: 12:01 a.m. on the earlie
October 10 2016	
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1/ft	ber

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00