## 117000227060

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## **COVER LETTER**

TO: '		ration Sector of Corp						
		FTER WIR	E LLC					
SUBJE	ECT:		Nam	of Limited Liab	ility Company			
				7				
The end	closed Ar	nicles of A	mendment and fee(s)	are submitted fo	or filing.			
Please	return all	correspon	dence concerning this	matter to the fo	llowing:			
			ROBERTO DI LE	×				
				N	ame of Person	<del></del>		
			ENTERPRISE RE	N SOURCE PLAN	INING INC			
				F	rm/Company			
			1000 NW 57 TH C	SUITE 1040				
					Address			
			MIAMI, FL 33126					
				I.4	tate and Zip Code		<del></del>	
			dariotuseddu@after	wire.com.ar ddress: (to be used	for future annual	report notificat	tion)	
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ror turt	ner mior	mation cor	cerning this matter, p	lease can:				
ROBE	RTO DI I	LENA		a a	305 47	11-5874		
		Name of F	Person		Area Code	Daytime Te	lephone Number	
Enclose	ed is a che	eck for the	following amount:	ř				
<b>□</b> \$25	.00 Filin	g Fee	□ \$30.00 Filing Fee Certificate of St	atus C	5.00 Filing Fee ertified Copy dditional copy is en		S60.00 Filing Certificate of Certified Co (additional cop	of Status &
								17
			G ADDRESS:			T/COURIER	ADDRESS:	30

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

17 NOV 29 AH 9: 4

SEURE DARY OF GLOVIA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFTER WIRE LLC			
(Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the second s		
The Articles of Organization for this Limited Liability Company	were filed on 11/02/2017	and assigned	
Florida document number L17000227060	<del>-</del>	`	
riorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation 1.L.Car ()	
		7 7	
Enter new principal offices address, if applicable:	1000 NW 57 TH CT SUITE 1040	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33126	ro 元至 <u>-</u>	
		3	
	1000 NUL 57 TH CT CHUTE 1040	9. S	
Enter new mailing address, if applicable:	1000 NW 57 TH CT SUITE 1040	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33126		
		_	
D. If we have the section of the sec	er II	.) 6.4	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the new	
registered agent and/or the new registered/ornee address her	<u>e</u> .		
Name of New Registered Agent:			
New Registered Office Address:  Enter Florida street address			
	imer rioriau sireei aaaress		
<b>!⊪</b> §	*** * *		

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

	ng Authorized Person(s) autled from our records:	norized to manage, <u>enter the title, name,</u>	and address of each person being adde
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
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			Remove
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			Remove
			☐ Change

D. If amending any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
<u>                                      </u>		<del></del>
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		CRE TAR'S   LAHASS   NOV 29
		<b></b>
		<b>5</b> Projection
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Note: If the date inserted in this block does not mee document's effective date on the Department of Stat	ennot be prior to date of filing or more than 90 days after filing.) Pursu et the applicable statutory filing requirements, this date will note's records.	not be listed as the
If the record specifies a delayed effective dat (b) The 90th day after the record is filed.	te, but not an effective time, at 12:01 a.m. on the	ne earlier of:
Dated NOVEMBER 20 TH	2017	
	the state of the s	<u></u>
DARIO M TUSEDDU	mber or authorized representative of a member	
T	yped or printed name of signee	
<b>ill</b> :	Page 3 of 3	

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