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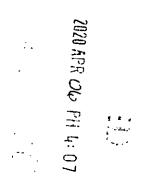
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## **COVER LETTER**

Tallahassee, FL 32314

SURJEC	Wires Inve	estments, LLC		•
	.,	Name of Lir	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please ren	urn all correspo	ondence concerning this matter	r to the following:	
		Danny Wires		
			Name of Person	<u>.</u>
	ECT:  Inclosed Articles of American all correspondence return all correspondence and their information concern.  Wires  Name of Personal and the following free		Firm/Company	
		5248 NE 6th Avenc, A32		_
	UBJECT:    Wires Investments, LLC			
		Fort Lauerdale, FL 33334		
			n	tification)
For further	r information c		·	
Danny Wi	res			
	Name o	f Person		ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
<b>■</b> \$25.00	) Filing Fee		Certified Copy	Certificate of Status &
R	egistration S	Section	Street Address: Registration Se	ection
	ivision of C .O. Box 632		Division of Co The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wires Investments 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 7, 2018 and assigned Florida document number 1.18000034967 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Wires Insurance LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. 198 7th Street NW Enter new principal offices address, if applicable: Suite 133 (Principal office address MUST BE A STREET ADDRESS) Moore Haven, FL 33471 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 Cin

## 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
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Note: If the date inserted in this be document's effective date on the I	nock does not meet the appl Department of State's record	icable statutory filing ls.	requirements, this c	ate will not be list	ed as t
e record specifies a delayed effecti rd is filed.	ve date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	r the
March 31,	2020				
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Typed or printed name of signee