

L18000039285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

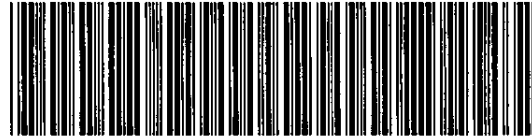
(Business Entity Name)

(Document Number)

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2018 MAR 19 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN

MAR 20 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WiredRite Systems, 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:

Mark Owades

\_\_\_\_\_  
Name of Person

WiredRite Systems, LLC

\_\_\_\_\_  
Firm/Company

1748 Independence Ln Suite C-5

\_\_\_\_\_  
Address

Sarasota, FL 34324

\_\_\_\_\_  
City/State and Zip Code

mowades@wiredrite.com

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

For further information concerning this matter, please call:

Mark Owades

707 687-4270  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

WiredRite Systems, LLC.

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

**FILED**  
2018 MAR 19 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 12, 2018 and assigned  
Florida document number L18000039285.

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)**

1748 Independence Ln

Suite C-5

Sarasota, FL 34234

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1748 Independence Ln

Suite C-5

Sarasota, FL 34234

**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:

Mark Owades

New Registered Office Address:

1748 Independence Ln Suite C-5

*Enter Florida street address*

Sarasota

*City*

Florida 34324

*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	Mark Owades	1748 Independence Ln	<input checked="" type="checkbox"/> Add
		Suite C-5	<input type="checkbox"/> Remove
		Sarasota, FL 34234	<input type="checkbox"/> Change
AMBR	Kim Cooper	1748 Independence Ln	<input checked="" type="checkbox"/> Add
		Suite C-5	<input type="checkbox"/> Remove
		Sarasota, FL 34234	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

**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.

Dated March 16, 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Mark Owades

Typed or printed name of signee

**Filing Fee: \$25.00**

2000 MAR 19 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**