(R	Requestor's Name)	
(A	ddress)	
(A)	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(8	Business Entity Name)	
(C	Oocument Number)	
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COVER LETTER

	ation Section n of Corporations			
	ring Services LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Arti	ticles of Amendment and fee(s) are submitted for filing.			
Please return all c	correspondence concerning this matter to the following:			
	Lewis Curtis			
	Name of Person			
	Wiring Services LLC			
	Firm/Company			
	20341 NE 30 Ave, APT 108			
	Address			
	Aventura, Fl 33180			
	City/State and Zip Code			
	steve@lscurtis.com			
	E-mail address: (to be used for future annual report notification)			
For further inform	mation concerning this matter, please call:			
Steve Curtis	786 486-1961 at ()			
	Name of Person Area Code Daytime Telephone Number			
Enclosed is a chec	eck for the following amount:			
\$25.00 Filing	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy)	Status & Dy		

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

Wiring Services LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{4-16-2019}{4-16-2019}$	and assigned
Florida document number L19000104464	
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 registered agent and/or the new registered office address here:	. 0
Teginerett agent and on the tight	1.3
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street	address
	, Florida Zip Code
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
MGR	Michael Carralero	14534 SW 18th Street, Miami, Fl 33175	
			Remove
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
		Remove	
			Change
		□ Add	
			□ Remove
			□ Change

. Effe	ive date, if other than the date of filing: (optional)
Note	ive date, if other than the date of filing:
the r	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Date	Joly 19. 2019.
	The Comment
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00