

From: Gerlys Pirez
12/17/21, 6:01 PM

Fax: 13056000743

To:

Fax: (350) 617-6383

Page: 2 of 5

12/17/2021 6:04 PM

L20000147851

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : H & CO, LLP
Account Number : I20150000089
Phone : (305)444-8800
Fax Number : (305)444-4010

2021 DEC 20 AM 10:17
FIELD
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WIRED UPRISE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03

2021 DEC 20 AM 9:23

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Electronic Filing Menu Corporate Filing Menu Help

(H210004603553)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIRED UPRISE, 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 06/01/2020 and assigned Florida document number L20000147851

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 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

City

Florida

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

(H 210004603553)

FILED IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF HAMILTON, FLORIDA 2021 DEC 20 AM 10:17

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	FERNANDEZ, GABRIEL E	2520 NW 97 AVE, #210	<input type="checkbox"/> Add
		Doral, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL FERNANDEZ	2520 NW 97 AVE, #210	<input checked="" type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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