

To: +18506176383

Page: 2 of 5

2022-01-03 10:39 GMT

18053284774

From: Yanet Avila

1/3/22, 10:39 AM

L21000101616

Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000000938 3)))



H220000009383ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number : (305)328-4774

**\*\*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 WIFI MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JAN 04 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIFI MANAGEMENT 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 03/02/2021 and assigned

Florida document number L21000101616

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:

3402 N ANDREWS AVE EXT

(Principal office address **MUST BE A STREET ADDRESS**)

POMPANO BEACH, FL 33064

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

\_\_\_\_\_, Florida

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
2022 JAN -3 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	GLORIA WALTON	1250 E HALLANDALE BEACH BLVD	<input checked="" type="checkbox"/> Add
		STE 1002	<input type="checkbox"/> Remove
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Change
MGR	LOUIS WALTON	1250 E HALLANDALE BEACH BLVD	<input checked="" type="checkbox"/> Add
		STE 1002	<input type="checkbox"/> Remove
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Change
MGR	MELVIN SHANKLIN	1250 E HALLANDALE BEACH BLVD	<input checked="" type="checkbox"/> Add
		STE 1002	<input type="checkbox"/> Remove
		HALLANDALE BEACH, FL 33009	<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

[illegible]

2022 JAN -3 AM 10:11

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 06-11-2001 BY 60322 UCBAW

**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 01/03, 2022

Verified by PDFfiller  
 2025-08-20 10:10:10

Signature of a member or authorized representative of a member

ELISE ANDERSON

Typed or printed name of signee

**Filing Fee: \$25.00**