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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wired Tek, UC Name of Limited Liability Company	
and a summer summy company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Shateal A. Adams	
Name of Person Wired Tek, LLC Firm/Company	
9998 NW 52nd Street Address	
Sunnise, FL 33351 City/State and Zip Code Shafeal adams & gmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Shateal A. Adams Name of Person at (305) 775-6164 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Wired Tel	c, Uc	
(A Florida Limited I	Liability Company)	_
The Articles of Organization for this Limited Liability Company Florida document number <u>L 24<i>000/4</i>2</u> 36	v were filed on <u>March 22, 2024</u> and 35	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabil	•	
Enter new principal offices address, if applicable:		•
(Principal office address MUST BE A STREET ADDRESS)		·
		``
Enter new mailing address, if applicable:	NA	·
(Mailing address MAY BE A POST OFFICE BOX)	nited Liability Company," the designation "L.L.C."	
		· ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the	new registered
Name of New Registered Agent:	1	
New Registered Office Address:	Enter Florula street address	
	, Florida	
 	City Zip C	ode .

New Registered Agent's Signature, if changing Registered Agent:

IAI.

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	Stephanie Angel	9998 NW 52 Street	□Add
	,	Sunnise, FL 33351	Remove
			Change
MGR	Shafeal Adams	9998 NW 52 Street	L Andd
		Sunise, FL 3335	□Remove
			□Change
			□Add
			□Remove
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an effective <u>Cote:</u> If the	date, if other than the date of filing:	
record spo Lis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ated	7/22/24	
	Signature of almember or authorized representative of a member Shafeal A. Aelams. Typed or printed name of signee	

Filing Fee: \$25.00