P20000024731

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(Ad	dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WIRED O	CONNECTIONS LLC
DOCUMENT NUMBER: P20000024	731
The enclosed Articles of Amendment and f	fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
PAULA S. AUDI	
NO FRILLS ACCO	Name of Contact Person
	Firm/ Community
906 KINGSPORT (Firm/ Company
HOLLY HILL FL 32	Address 2117
	City/ State and Zip Code
INFO@NOFRILLS/	ACCOUNTING.COM
E-mail address:	(to be used for future annual report notification)
	· · · · · · · · · · · · · · · · · · ·
For further information concerning this man	ter, please call:
PAULA AUDI	386 671-1361
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	it made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate of S	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(WAIVED)

Articles of Amendment to Articles of Incorporation of

WIRED CONNECTIONS LLC

(Name of Corporation P20000024731	n as currently filed with the Flo	rida Dept. of State)	
	ent Number of Corporation (if kno	•		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corp.	oration adopts the fo	ollowing amendr	nent(s) te
A. If amending name, enter the new name of the cor WIRED CONNECTIONS INC	poration:			
name must be distinguishable and contain the word "cor" "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	Of O A professional com-	porated" or the abb pration name must	The ne reviation "Corp. contain the wo	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	d office address in Florida, enter Nice address:			
	(Florida street address)			
New Registered Office Address:	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I a	ered Agent: un familiar with and accept the ob	ligations of the post	ition.	
Signatu	re of New Registered Agent, if cha	nging		
Theck if applicable The amendment(s) is/are being filed pursuant to s. 607	7.0120 (11) (e), F.S.			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
				f

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add		·	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

	(Be specific)		
		 	
 			
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Fam ======			
an amendment provides for an exch	ange, reclassification, o	r cancellation of issue	d shares,
provisions for implementing the amer	ange, reclassification, on adment if not contained	in the amendment it	ed shares, self:
an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, on adment if not contained	in the amendment it	ed shares, self:
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<u>provisions for implementing the amer</u>	ange, reclassification, on and ment if not contained	in the amendment it	d shares, self:

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and sh	areholder
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were as must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
OCTAVIO DUADTO	t for the amendment(s) was/were sufficient for approval	
	(voting group)	
3/25/2026 Dated		
Signature Out	and further	
(By a constant)	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	OCTAVIO DUARTE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	