

L19 000013118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

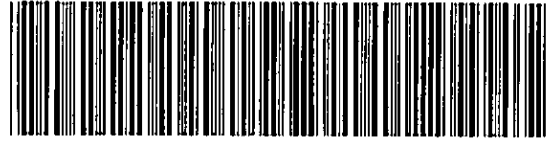
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CORPORATIONS
19 DEC 26 PM 6:50

JAN 06 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOLUTION CELLULAR 3 LLC

DOCUMENT NUMBER: L19000013118

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMED SAMIR BERJAWI
Name of Contact Person

SOLUTION CELLULAR 3 LLC
Firm/ Company

5206 STATE RD 674
Address

WIMAUMA, FLORIDA, 33598
City/ State and Zip Code

7802CELLULARSOLUTION@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILAL BERJAWI at (813) 5988113
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED BY STATE
 DIVISION OF CORPORATIONS
 19 OCT 25 PM 6:50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2019

MOHAMED SAMIR BERJAWI
SOLUTION CELLULAR 3 LLC
5206 STATE RD 674
WIMAUMA, FL 33598

SUBJECT: SOLUTION CELLULAR 3 LLC
Ref. Number: L19000013118

We have received your document for SOLUTION CELLULAR 3 LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 719A00022991

2019 DEC 03 11:59

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Solution Cellular 3 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

19 DEC 29 PM 6:55
STATE OF FLORIDA
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 10/11/2019 and assigned
Florida document number 41900013118.

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

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

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	Mahmoud Berjawi	813 Chipaway Dr	<input type="checkbox"/> Add
		Apollo Beach, Florida 33570	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mohamed Samir Benjawi	2004 S. 66 th St.	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33619	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 10/11/2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/11/2019

~~Signature~~
Mohamed Samir Berjawi
Signature of a member or authorized representative of a member

MGR
Typed or printed name of signee