

L17000133914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

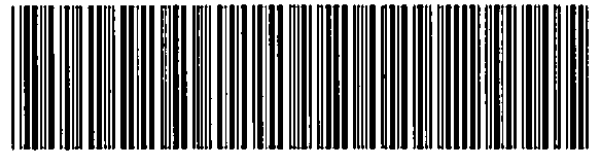
(Business Entity Name)

(Document Number)

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OCT 16 2019

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAMA WIFI LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE MAURICIO BELLO

Name of Person

JOSE MAURICIO BELLO, P.A.

Firm/Company

1290 WESTON ROAD, SUITE 220

Address

WESTON, FL, 33326

City/State and Zip Code

amendiola@samawifi.com.mx

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE MAURICIO BELLO 954 314-7915  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO  
**ARTICLES OF ORGANIZATION**  
OF

SAMA WIFI 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 06/20/2017 and assigne  
Florida document number L17000133914.

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 th  
registered agent and/or the new registered office address here:**

Name of New Registered Agent: JOSE MAURICIO BELLO, P.A.

New Registered Office Address: 1290 WESTON ROAD, SUITE 220,  
*Enter Florida street address*

WESTON, Florida 33326  
*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 wi  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ana  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document  
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

or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
MGR	CONQUISTADOR ENGINEERED SOLUTIONS.		<input type="checkbox"/> Add
		REMOVE THIS MANAGER	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated Sep 10, 2019

Arón Mendiola

Signature of a member or authorized representative of a member

SAMA WIFE SA DE CV (MGR) ITS AGENT JOSE A MENDIOLA

Typed or printed name of signee