## L17000233690

(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Co			
LOGISTIC	WIRELESS CERTIFICATI	ON LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	ED	WARD MEJIA	
		Name of Person	
	TAX F	UREAU SERVICE COTP	
		Firm/Company	
	1835 NW	12ND AVENUE SUITE 164	
		Address	
	MIAM	I FL 33172	
		City/State and Zip Code	
•	EDMEJIA@TBSTAX.NET		
	E-mail address: (	to be used for future annual report no	itification)
For further information of	concerning this matter, please c	all:	
EDWARD MEJIA		646 996-4212 at ( )	
Name o	r Person		me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632 Tallahassee. I		The Centre of	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOGISTIC & WIRELESS CERTIFICATION 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 NOV 13, 2017 and assigned Florida document number L17000233690 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUPER CELULARES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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

, Florida

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	BRAULIO PENA	5930 NW 99TH AV UNIT 14	□Add
		DORAL FL 33178	□Remove
			■Change
			□Add
			□Remove
	74	□Change	
		□Add	
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lfective an effec ote: If ocumer	e date, if other than the date of filing:  tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
ecord :	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
is thed	
ted	11/23/2020.
	Signature of a member or authorized representative of a member
	of a member of authorized representative of a member

Filing Fee: \$25.00