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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SEP 0 6 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Buy Phones 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:
Maricarmen Gonzalez
Buy Phones LLC
1009 SW 67 ave
Miami FC 33144 City/State and Zip Code Happy metro pcs@gmail.com ti-grail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maricarmen Gonzalez at (305) 910-6394 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bay Phon	es LLC	roopeds)		
	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	recorus.)		
The Articles of Organization for this Limited L		13/200	<u>)6</u> and assi	igned
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name o	of the limited liability company here:			
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation	n "LLC" or the	abbreviation "L.I	L.C."
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			_
			_	<u>-</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and registered agent and/or the new registered o	or registered office address on our re	ecords, <u>ente</u>	r the name	of the new
Name of New Registered Agent:	Maricarmen Gon	zalez	IALL SEC	1
New Registered Office Address:	1009 sw 67 ave		AHA AHA AHA	*******
New Registered Office Address.	Enter Florida street Miami City	address Florida _	SSE 33/4	7
New Registered Agent's Signature, if changing	•		OKIL OKIL	
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of my dut istered agent as provided for in Chapter registered office address, I hereby confi	ies, and I am 605, F.S. Oi	n familiar with r, if this docu	h and ment is

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:

	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<u>:</u>	Remove
			Change
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ective date,	if other tha	n the date of f	iling: _				(opti	onal)		
n effective date <u>te:</u> If the dat	is listed, the date inserted in t	te must be specifi his block does 1	c and car not meet	not be prio the applic	r to date of fi cable statute	ing or more tha	ın 90 days after	r filing.) Pursu		
cument's effe	ective date on	the Department	of State	's records	i,					
		layed effectiv		e, but no	ot an effe	ctive time,	at 12:01	a.m. on th	e ear	lier
		e record is fil								
ied <u>Fl</u>	1g. 2	9 th	•	2017	!					
	•		2	765	2_					
		Signature	of a men	ber or auth	orized repre	entative of a m	ember			

Page 3 of 3

Filing Fee: \$25.00