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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
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SECRETARY OF STATE ON STORY

COVER LETTER

Division of Corporations				
SUBJECT: 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:				
AHMED EL WADAH (Name of Person)				
(Firm/Company)				
8317 SHELDON RD				
(Address) TAMPA, FL 33615 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (813) 899_9642 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Solution}\$\$\$ \$55.00 Filing Fee & \$\ \text{Solution}\$\$\$ \$60.00 Filing Fee, \$\ \text{Certificate of Status}\$\$\$\$ Certified Copy \$\ \text{Certified Copy}\$\$\$ Certified Copy				

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

INFIN	ITI WIRELESS	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 Liabili Florida document number O T O O O O	ty Company were filed on2/24 21560	$\frac{2/2007}{2007}$ and assigned $\frac{1}{200}$			
This amendment is submitted to amend the following		FILE ISIOH OF CO JAN -3			
A. If amending name, enter the new name of the	limited liability company here:	PH 2: 2			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation			
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	/Futor Flor	ida streat address)			
	(Enter Florida street address)				
-	(City)	, Florida (Zip Code)			
New Registered Agent's Signature, if changing Regis		• • •			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager'
MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	FERNANDO TAVERAS	4840 HERON POINTE DR # 908 TAMPA, FL 3366	Add Remove
			Add Remove
- Va			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	SECRETARY JIVISION OF CO 08 JAN -3
			CORPORATIONS 3 PM 2: 25
_			
Dated	ecomber 27/200		
	AHMED F	Eauthorized representative of a member	
	Typed or	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00