10700054592

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400122425964

04/07/08--01050--010 **60.00

2008 APR -7 PM 12: 17
SECRETARY OF STATE

T. CLINE

APR - 8 2008

EXAMINER

· COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WIRELESS WOLLD OF FLORINA 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:	
CATALIN M. ROPOVICIO (Name of Person)	
WIRELESS WORD OF FLORIDA LLC (Firm/Company)	
701 N.E., 1 CT., AP 109	
(City/State and Zip Code)	
For further information concerning this matter, please call:	77
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy}\$\$ \$60.00 Filing Fee, \text{Certificate of Status & Certified Copy}\$\$ \$10.00 Certified Copy	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 23 of 127 and assigned						
Florida document number _ L 07000054592-						
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 end with the words "Limited Liability Company," the designation "L.G. or the abbreviatio "L.L.C." B. If amending the registered agent and/or registered office address on our records, enter the name of the new						
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: CATALIN M. POPOVICIO						
Name of New Registered Agent: CATALIN M. POPOVICIU New Registered Office Address: 701 NE 1CT AP 109 (Enter Florida street address)						
HALLANDALE, Florida 33 009 (City), Florida (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 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>	<u>Name</u>	<u>Address</u>	Type of Action
	MANSOUR SAMAHA	412 OCEAN DR, AP 14B, Miami BEACH, 7L, 33139	Add Remove
BEGISTRAT AGENT.	ES MANSOUR SAMAHA	412 OCEANDE, AP 14B, MIAMIBGACH, FL, 35B9	Add Remove
MGRM	CATALIN POPOVICIO	701 NE ICT AP 109 HALLOW BALLE FL 33 009	Add Remove
BGGISTRA AGENY	TED CATALIN ADPOUNCE	701 NE ICT AR 109 HALLANDALLE FL.	Add SECRETAR Remove Remove Add Remove Remove Remove

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

Please REMOVE MANSOUR SAMAHA FROM!

WIRELESS WORLD OF FLORIDA LLC, HE'S NO LONGER

ATILIATED WITH THIS LLC., HE HAS BEEN TERMINATED

Dated 04/01/08

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00