## 180,1200010

(Re	questor's Name)	
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**EXAMINER** 



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SECRETARY OF STATE OF ON THE CORPORATION

## **COVER LETTER**

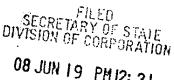
TO: Registration Sec Division of Corp		•	
SUBJECT: Pr	(Name of Limit	Direless LLC. ted Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Christ	opher Londono (Name of Person)	and the second s
	Pres	S TALK WIVELESS U (Firm/Company)	<u></u>
		5830 SW 71 Te	er (
	Mia	5830 SW 71 Te (Address) Ami FL 33193	3
		(City/State and Zip Code)	
For further information co	oncerning this matter, please ca	d1:	
Christop	her Londono	at (186) 553 -4	4896
(Name o	f Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the	e 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)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Press TAIK	WIRKLESS LL	$\mathcal{C}$	
(Name of the Limited Lial	pility Company as it now appeared a Limited Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liabili	ty Company were filed on	5/29/2007	and assigned
Florida document number <u>L07000566</u>	081		
Florida document flumber	. <u></u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>.e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	nny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable	<del></del>		·
(Principal office address MUST BE A STREET A	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office	address here:		
Name of New Registered Agent:			
New Registered Office Address:	4017 Su	) 152 Av nter Florida street aa	E
	MIAMI	, Florida	33185
<del></del>	(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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	FABIAN HERNANDEZ	15830 SW 71 Terr HIAMI, FL 33193	Add Remove
N <u>GRM</u>	SANDRA SOSA GUITARO	15920 SW 74 ST HIAMI, RC 33193	Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
_			
_			<u> </u>
Dated	5/14/08 ,	or authorized representative of a member	
		1540 pher Londono	

Page 2 of 2

Filing Fee: \$25.00