L08000007643

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

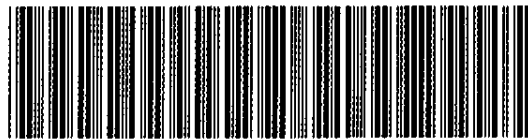Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

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B. KOHR

NOV 2 9 2011

EXAMINER

ACCOUNT NO. : I20000000195

REFERENCE : 994596   7860610

AUTHORIZATION :

COST LIMIT : $ 35.00

ORDER DATE : November 28, 2011

ORDER TIME :   5:26 PM

ORDER NO. : 994596-005

CUSTOMER NO: 7860610

DOMESTIC AMENDMENT FILING

NAME: COMPLETE CELLULAR PARTNERS LLC

EFFECTIVE DATE:

XX   ARTICLES OF AMENDMENT
      RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

      CERTIFIED COPY
XX   PLAIN STAMPED COPY
      CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Complete Cellular Partners 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 01/22/2008 and assigned

Florida document number L08000007643 .

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 "LLC" or the abbreviation "L.L.C."

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: **Corporation Service Company**

New Registered Office Address: **1201 Hays Street**

(Enter Florida street address)

Tallahassee , Florida **32301**

(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)

Page 1 of 2   Janet Budhu, Asst. Vice President

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

Title	Name	Address	Type of Action
MGR	Kevin DeCapua	12 Mitchell Place Manhasset, NY 11030	☒ Add ☐ Remove
MGR	William Gelling	122 Park Avenue Manhasset, NY 11030	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

_____

_____

_____

_____

_____

_____

Dated __November 25_____, __2011_____.

William Gelling (signature)
Signature of a member or authorized representative of a member

William Gelling
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00