

L08000013488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2008 OCT -8 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cf. 10-9

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NOOR WIRELESS SERVICES 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:

TONY OSIAS

(Name of Person)

NOOR WIRELESS SERVICES LLC

(Firm/Company)

1700 W. NEW HAVEN AVE SUITE 799

(Address)

WEST MELBOURNE, FL 32904

(City/State and Zip Code)

For further information concerning this matter, please call:

TONY OSIAS

(Name of Person)

at (321) 574-5679

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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**

FILED

2008 OCT -8 PM 3:00

NOOR WIRELESS SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/06/2008 and assigned
Florida document number L08000013488.

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)

1700 W. NEW HAVEN AVE

SUITE 799

WEST MELBOURNE, FL 32904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1700 W. NEW HAVEN AVE

SUITE 799

WEST MELBOURNE, FL 32904

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:

New Registered Office Address:

1700 W. NEW HAVEN AVE SUITE 799

(Enter Florida street address)

WEST MELBOURNE

(City)

, Florida 32904

(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:

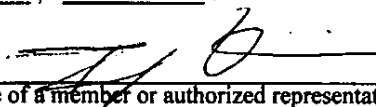
*MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TONY OSIAS	1700 W. NEW HAVEN AVE	<input checked="" type="checkbox"/> Add
		SUITE 799	<input type="checkbox"/> Remove
		WEST MELBOURNE, FL 32904	<input type="checkbox"/>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated OCTOBER 03, 2008



Signature of a member or authorized representative of a member

TONY OSIAS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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2008 OCT -8 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA