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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations					
	MOBITELI	E, LLC					
SUBJECT: Name of Limited Liability Company							
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspon	ndence concerning this matter	to the following:				
		CARLOS TORRES					
			Name of Person				
			Firm/Company	 			
		14359 MIRAMAR PARK	WAY STE 156				
		 	Address	· · · · · · · · · · · · · · · · · · ·			
		MIRAMAR, FL 33027					
		PYRAMIDWIRELESS@IG	City/State and Zip Code CLOUD.COM				
		E-mail address: (to be used for future annual report notifi	cation)			
For fu	rther information co	oncerning this matter, please ca	all:				
CARI	LOS TORRES		954 702-4987 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for th	e following amount:					
\$2	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

TO ARTICLES OF ORGANIZATION OF

MOBITELE, LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company L08000083216 Lorida document number	were filed on SEPTEMBER 02, 200	8 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
PYRAMID GŁOBAL, LLC				
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	14359 MIRAMAR PARKWAY STE 156			
Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, FL 33027			
Enter new mailing address, if applicable:	14359 MIRAMAR PARKWAY STI	E 1 56		
(Mailing address MAY BE A POST OFFICE BOX) MIRAMAR, FL 33027				
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:		4,5 3 177		
	Enter Florida street address	99		
· · · · · · · · · · · · · · · · · · ·	, Florida	Zip Code		
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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 605, 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action

	•	<u> </u>	☐ Remove
			☐ Change
			□ Add
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		77	5 3 7
Effective date, if other than the date of filing:(option	(5)	9:	Service Servic
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after f Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	iling.) Pur	suant to not be	605.0207 (3)(t listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.) The 90th day after the record is filed.	m. on t	the ea	arlier of:
Dated			
Signature of a member or authorized representative of a member			
UNOS TONOS			_
Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00