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S. HAWKES

OCT 2^A 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co		*	
SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
		D. Daugherty	
		Name of Person	
		Firm/Company	
		Address	
	E-mail address: (City/State and Zip Code onya17@bellsouth.net to be used for future annual report notific	ation)
For further information	concerning this matter, please of	all:	
D. Daugherty Name of Person		at (407) 6	620-8883
ivanie	oi reison	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

CELL PHONES PLUS, LLC

(Name of the Limited	A Florida Limited I	ny as it now appears Liability Company)	s on our records.)		
The Articles of Organization for this Limited L. Florida document number L0900001		were filed on	02/03/2009	and assigned	
This amendment is submitted to amend the foll	owing:		Ę	and assigned	
A. If amending name, enter the new name o	f the limited liab	oility company here	2:	OF STA	
The new name must be distinguishable and end wi'L.L.C."	th the words "Lim	ited Liability Compar	ny," the designation "L	LC" of the abbreviation	
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREET ADDRESS)		355 W. Orange Blossom Trail			
	Apopka FL 32712				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		401 River Drive			
	Debary FL 32713				
B. If amending the registered agent and/ registered agent and/or the new registered o Name of New Registered Agent:	Ų		ur records, <u>enter t</u>	he name of the nev	
	401 River D)rive			
New Registered Office Address:	Enter Florida street address				
		Debary	, Florida	32713	
		City	, <u></u>	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 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 **Address Type of Action Title Name** D. Dustin Daugherty MGR 2428 E. Semoran Blvd □ Add √ Remove Apopka FL 32703 Darrell D. Daugherty **MGRM** 401 River Drive Debary FL 32713 MGR Sonya Production 401 River Drive Debary FL 32713 Gloria Ramos MGR 112 Wilmur Ave Orlando FL 32811 **∏**Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized presentative of a member Darrell D. Daugherty MGRM

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00