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J. SAULSBERRY EXAMINER

NOV 2 4 2010

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: EL	ECTRONIC DEVI	CES WHOLESALER	2 LLC	
	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	ROBER	Name of Person	·	
	ELECTRONIC Ì	EVICES WHOLESAL	ER LLC	
	85 GK	Address	5TE 102	
				مجارا محج
	MIAN	11 FL, 33144 City/State and Zip Code		
	_		SE 23	1
		CTRONICDEVICESW · CO to be used for future annual report notifical	tion)	1
For further information of	concerning this matter, please c	all:	Y CT STATE TOPING	,
ROBERTO	GALVAN	at (305) 974 85 Area Code & Daytime T		
Name	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for t	he 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)	
Regist Divisi P.O. B	JING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente	ons	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ELECTRONC DEVICE	ES WHOLESALE	ER LLC					
(Name of the Limited Li	ability Company as it now a orida Limited Liability Compa	ppears on our records.)					
(////	orida Emined Eldonny Compl	•					
The Articles of Organization for this Limited Liab	ility Company were filed on	03/18/09	and assign	ed			
Florida document number L0900026	458 _.						
This amendment is submitted to amend the follow	ing:						
A 16 www.dian.com.com.com.com.com.com.com.com.com.com	o limitad liabilitu samaan	haua					
A. If amending name, enter the new name of the	ie iimitea nability compan	<u>y nere</u> :					
	1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N 41 - 1 - 1 - 1 - 1 - 1	47 I O2 - A - A - A - A				
The new name must be distinguishable and end with t "L.L.C."	ne words "Limited Liability C	ompany, the designation	"LLC" or the abor	eviation			
Enter new naineiral offices address if applicab	lo.						
Enter new principal offices address, if applicab							
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>						
		***	<u> </u>				
			SE N	hann-maps			
Enter new mailing address, if applicable:			<u>κ</u>	1			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> </u>	\$ 5 £			
			5m 5				
B. If amending the registered agent and/or registered agent and/or the new registered offic		on our records, enter	the name of the	he new			
registered agent and/or the new registered one	e address nere.						
Name of New Registered Agent:	1845 OTE	en					
Name of New Registered Agent.	10,00,0,0						
New Registered Office Address:	85 GRAND C	ANAL DRIVE					
	Enter Florida street address						
	MIAM / City	, Florida _	33144 Zip Code				
	City		Zip Code				
New Registered Agent's Signature, if changing Reg	istered 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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LBYS OTER	STE 102, MIAMI FL. 33144	Add Remove
<u></u>	_		Add Remove
	_		Add Remove
			AddRemove
_			Add Remove
**************************************			Add Remove
	NOVEMBER 10 TH	n, enter change(s) here: (Attach additional sheets, if necess	ZULU NOV 23 PM 1:40 SECTRETARY 35 STATE TALLAH, SSEE FLURITA
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00