# L0900003234/

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DIVISION OF CORPORATIONS

B. Tadasa AUG 1 3 2009



June 2, 2009

WILLIAM EDWARD STULTZ 19227 AUTUMN WOODS AVE TAMPA, FL 33647

SUBJECT: AIRWAVES 1, LLC Ref. Number: L09000032341

We have received your document for AIRWAVES 1, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation documentmust be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 609A00018509

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:	AIRWAVES 1 LIC			
	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:				
	William Edward Stultz Name of Person			
	Name of Person			
	Firm/Company			
	19227 Autumn Woods Ave			
	1 Ampa City/State and Zin Code			
	City/State and Zip Code  CStultz a verizon. net  E-mail address: (to be used for future annual report notification)			
For further information con	cerning this matter, please call:			
Ed Stu Name of P	at (813) 334 - 9416  erson Area Code & Daytime Telephone Number			
Enclosed is a check for the	following amount:			
図\$25.00 Filing Fee [ Ck previously Seut	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

(Name of the Limited Liability (A Florida	S 1 LLC y Company as it now appears Limited Liability Company)	on our records.)	ENETARY OF
The Articles of Organization for this Limited Liability (Florida document number <u>しからゆける</u> さ	Company were filed on	4-2-2009 and assi	gne
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	<b>;</b>	
The new name must be distinguishable and end with the wo	ords "Limited Liability Compan	ny," the designation "LLC" or the a	bbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ur records, enter the name of	f the new
Name of New Registered Agent:			
New Registered Office Address:	р.		····
	Enter Florida street address		
	Citv	, Florida 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:

١

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Address</u> Name Marc Burling MGRM Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member of authorized representative of a member Edward Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00