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(Requestor's Name)	
(Address)	900157833939
(Address) . (City/State/Zip/Phone #)	
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COVER LETTER

Division of Co	orporations						
SUBJECT:	OK! V	Vireless, LLC					
Name of Limited Liability Company							
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
		Inci Cengiz					
		Name of Person					
		OKI Wireless, LLC					
	Firm/Company						
		1104 NW Park Street					
		Address					
	0	keechobee, FL 34972					
	u	City/State and Zip Code					
	E-mail address: (@eliteofficeservices, Ilc to be used for future annual report notificat	ion)				
For further information	concerning this matter, please of						
Inci Cengiz		772 - 475-3692 at (8 63) = 357-040 1					
Name	of Person	Area Code & Daytime T	elephone 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		STREET/COURIER Registration Section					
Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

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TO:

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
09 JUN 29 AM II: 23

SECRETARY OF STATE TALLAHASSEE FLORIDA

	OKI Wirele	ess, LLC	MELMINASS	EE FLORIDA		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appear liability Company)	rs on our records.)			
The Articles of Organization for this Limited I		were filed on	April 29,2009	and assigned		
Florida document numberL0900004	11524					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and end w "L.L.C."	rith the words "Limi	ted Liability Compa	nny," the designation "l	LC" or the abbreviatio		
Enter new principal offices address, if applicable:		1104 NW Park Street				
(Principal office address MUST BE A STREET ADDRESS)		Okeechobee	FL 34972			
Enter new mailing address, if applicable:		1104 NW Pai	k Street			
(Mailing address MAY BE A POST OFFICE BOX)		Okeechobee, FL 34972				
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter t</u>	he name of the nev		
Name of New Registered Agent:	Inci Cengiz					
New Registered Office Address:	1104 NW P					
		Enter Florida street address				
		keechobee	, Florida	34972		
		City		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 valuess, 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> **Address Type of Action** <u>Name</u> **MGRM** Inci Cengiz 2201 28th Street Villa #66 ✓ Add Okeechobee, FL 34974 Remove Erhan Cengiz MGRM 2201 28th Street Villa#66 ✓ Add Okeechobee FL 34974 ☐ 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.) Inci Cengiz is already a Managing Member, we are only amending the address for her as the Registered Agent and as a Managing Member. May 26 Signature of a member of authorized representative of a member Inci Cengiz Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00