109000058920				
(Requestor's Name) (Address)	600171959386			
(City/State/Zip/Phone #)	03/19/1001010008 **25.00			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 10 MAR 19 PM 3:53 SECRETARY OF STATE FALL AHASSEE, FLORIDA			
Office Use Only	J. BRYAN MAR 2 2 2009 EXAMINER			

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	RJ WIRELESS, LLC			
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:

ۍ دن Firm/Company Address <u>3139</u> City/State and EL.com GUINHOT E-mail address: be used for future annual report notification

For further information concerning this matter, please call:

at 305,530 334 01 (A Ω Name of Person 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

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ARTICLES OF T ARTICLES OF C O RJ WIRELES (<u>Name of the Limited Liability Compa</u> (A Florida Limited	O DRGANIZATION F	SECRETARY OF STATE SECRETARY OF STATE PLORIDA	
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900058920</u>	were filed on <u>6</u>	/17/2009_and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :		
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ecords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	Entor Fl	avida straat address	
	Enter Florida street address		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	,		
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp	lete performance of my	ty. I further agree to comply with duties, and I am familiar with and	

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</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	RUBY JACOB	1423 Collins Avenue Miami Beach, FL 33139	Add CRemove
<u>HG Rm</u>	GUVEN SEN	1423 Collibs Avenue Miami Beach, FL 33139	_ 🔀 Add _ 🔲 Remove _
			Add Remove
			Add Remove
			Add Remove
、			Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

3/17, 2010. Signature of a member or authorized representative of a member GIADA-POCCA Typed or printed name of signee	SECRETARY OF STATE	10 MAR 19 PH 3: 53	
	Signature of a member or authorized representative of a member GIADA-ROCCA	3/17 Signature of a member or authorized representative of a member GIADA-POCCA Typed or printed name of signee	3/17 Signature of a member or authorized representative of a member GIADA-POCCA Typed or printed name of signee

Filing Fee: \$25.00