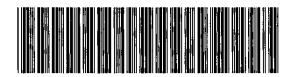
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Certified Copies	Certificates of	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MORE STEPS Nomber COMMUNICATIONS, LCC 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:
LAKESHA BURR Name of Person
Mam CELLULAR & GAMING REPAIR, LLC Firm/Corlipany
573 SW CRAWFISH DR
PORT ST. LUCIE, FL 34953 City/State and Zip Code
M) SMCELLULARKEPAIR @UAHW. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAKESHA BURR at (321) 501-7057 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status (additional copy is enclosed) 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

Name of the Limited Liability Compar (A Florida Limited L	COMMUNICATIONS, LLC ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOGOOCO</u> 5_78	were filed on 78009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab MSM CELLELAK & CAMINI The new name must be distinguishable and end with the words "Limi" L.L.C."	G REPAIR L.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	573 SW CLAWFISH DR POET ST LUCIE, FL 34953
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	573 SW CRIWFISH DR PORT ST LUCIE, FL 34953
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Zip, Çode
	City Lipt Gotte

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 = M	anager	
MGRM =	Managing	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			
			Add
			Remove
			Add
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			Remove
			
			
<u> </u>		***	Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	. 1 2
Dated	12/10 , 2013
	FOXIONAL
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00