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T. HAMPTON

DEC 1 5 2009

EXAMINER

COVER LETTER

.

TO:	Registration Se Division of Cor	ction porations			
SUBJECT: CELL CI			TY BOOST LLC		
		Name of Limi	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			MARIA L VALDIVIA		
			Name of Person		
		CE	LL CITY BOOST LLC		
			Firm/Company		
5600 WEST COLONIAL DRIVE # 308				E # 308	
Address					
	n8				
ORLANDO FLORIDA 3280 City/State and Zip Code					
CELLCITYBOOST@GMAIL.COM E-mail address: (to be used for future annual report notification)					
	rt notification)				
For fu	ther information of	concerning this matter, please of	call;	•	
	MAR	IA L VALDIVIA	at (407)	8834837	
	Name o	f Person	Area Code & I	Daytime Telephone Number	
Enclos	sed is a check for t	he following amount:			
\$2 :	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	Registration Division of Clifton Buil	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CELL CITY BOO	OST LLC			
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabil	it now appear ity Company)	s on our records.		
The Articles of Organization for this Limited Liability Company wer	e filed on	07/18/2009	and assig	ned
Florida document numberL09000069179				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limited I "L.L.C."	Liability Compa	ny," the designation "L	LC" or the abl	breviation
Enter new principal offices address, if applicable:				IAIG.
(Principal office address MUST BE A STREET ADDRESS)			90	OS.
_				<u> </u>
			<u>.</u>	56
Enter new mailing address, if applicable:			2	20 m
(Mailing address MAY BE A POST OFFICE BOX)			22	
			্ঞ	TIONS
				زن
B. If amending the registered agent and/or registered office	address on o	our records, <u>enter t</u>	he name of	the nev
registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street add	ress	
		, Florida		
	itv		Zin 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:

MGR = Manager

MGRM = Managing Member Type of Action <u>Name</u> Address Title DAISIE CLEMENTS MGRM 10012 GALENA LANE ☐ Add ✓ Remove **ORLANDO FLORIDA 32821** ANGEL M FILGUEIRAS MGRM 1854 BRIDGEVIEW CIR ✓ Add Remove ORLANDO FL 32824 ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) gnature of a member or authorized representative of a member MARIA L VALDIVIA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00