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SECRETARY OF STATE
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# **COVER LETTER**

TO:	Registration So Division of Co			•			
SUBJE	CCT:	Oceans	s Wireless LLC				
		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please	return all correspo	ondence concerning this matter	r to the following:				
			Scott Perry				
Name of Person							
	Oceans Wireless LLC						
	Firm/Company						
	P.O. Box 360231						
	Address						
	Melbourn FL 32936						
	City/State and Zip Code						
	Scottyp1@comcast.net  E-mail address: (to be used for future annual report notification)						
For furt	ther information c	concerning this matter, please of		anon)			
		Scott Perry	at (_865 ) 2	54-9597			
	Name o	of Person	Area Code & Daytime	Telephone Number			
Enclose	ed is a check for the	he following amount:					
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 09 OCT - I AM IO: OR

Ocean	s Wireless ,	LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Comp Florida document number <u>LO 9 00 00 8 6 571</u> .	any were filed on _	Septemb	er 08,2009 and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :			
The new name must be distinguishable and end with the words "L" "L.L.C."	Limited Liability Con	mpany," the d	esignation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	···				
(Principal office address MUST BE A STREET ADDRESS	<u></u>				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1416			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		n our recoi	ds, enter the name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	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 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 = Manager

MGRM = Managing Member Title ' Address Name **Type of Action** MGR: Scott B Perry 1268 N. Harbour City Boulevard \_✓ Add Melbourn FL 32935 Remove ☐ Add Remove \_\_\_ Remove Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 28, 2009 Signature of a member or authorized representative of a member Tara Perry Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00