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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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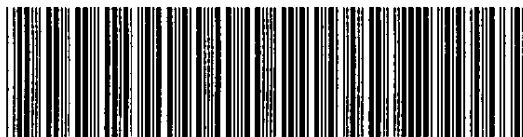
(Business Entity Name)

(Document Number)

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B. KOHR

JAN 21 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 19 AM 11:04

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

We R Wireless LLC

Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 19 AM 11:04

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy A. Stegall

Name of Person

We R Wireless LLC

Firm/Company

702 Porta Rosa Circle

Address

St. Augustine FL. 32092

City/State and Zip Code

Kathystegall1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy A. Stegall

Name of Person

at (757) 515-5016

Area Code & Daytime Telephone Number

Enclosed is a check for the 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 19 AM 11:04

We R Wireless LLC

(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 Company were filed on Sept 16 2009 and assigned
Florida document number L09000089236

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WE R WIRELESS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2851 County Road 210 West
Suite 117
St. Johns Florida 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

702 Porta Rosa Circle
St Augustine FL 32092

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kathy A. Stegall

New Registered Office Address:

702 Porta Rosa Circle

Enter Florida street address

St Augustine, Florida 32092

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Melinda B Davis	3512 CR 204 OXFORD FL 34484	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Micheal Miller	702 Porta Rosa Circle St Augustine Florida 32092	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Bryan Miller	702 Porta Rosa Circle St Augustine Florida 32092	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member
Micheal Miller

Typed or printed name of signee