

L09000100812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

DEC 16 2009

EXAMINER



600163529366

600163529366
12/15/09-01043--025 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 15 AM 11:22

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cellghost Mobile 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:

JEFF Gigante
Name of Person
Cellghost Mobile LLC
Firm/Company
1015 S. HOWARD AVE
Address
TAMPA, FL 33606
City/State and Zip Code
CiccioTony@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF Gigante at (813) 610-9016
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 ☐ \$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 CORPORATION
09 DEC 15 AM 11:22

Cellghost Mobile 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 10/19/2009 and assigned
Florida document number LD 9000100812

This amendment is submitted to amend the following:

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

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)

JEFF Gigante
1015 S. HOWARD AVE
TAMPA, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1015 S. HOWARD AVE.
TAMPA, FL 33606

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:

JEFF Gigante

New Registered Office Address:

1015 S. HOWARD AVE

Enter Florida street address

TAMPA

Florida

33606

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.

Jeff Gigante
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	MARK WENZOWSKI	3110 2021 LEMANS BLVD # 7209 TAMPA, FL 33607	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JEFF GIGANTE	1015 S. HOWARD AVE TAMPA, FL 33606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MARK WENZOWSKI	2021 LEMANS BLVD # 7209 TAMPA FL 33607	<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

Mark Wenzowski
Typed or printed name of signee