(10000008521

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
·	ŕ	
(Cit	ty/State/Zip/Phone	. #\
(Cil	.y/Otate/Zip/i ⁻ fione	, n)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Dc	cument Number)	
(= -	,	
On Affin I On the	~ =-4 ¹ #=-4=-	-10-1
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		
		ļ

Office Use Only



000186652240

10/18/10--01013--005 **30.00

OUT SEE THE STATE OF THE STATE

T. CLINE

NOV - 3 2010

EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2010

JANE TYL 404 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880

SUBJECT: WIRELESS UNLIMITED USA, LLC

Ref. Number: L10000008521

We have received your document for WIRELESS UNLIMITED USA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 710A00024654

2889 HOV -2 MM 9: 54

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	WIRELESS U	NLIMITED USA, LLC			
		ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		JANE E. TYL			
		Name of Person			
	4	: ESS UNLIMITED USA, LL	C		
	VVIICE	Firm/Company	<u> </u>		
	404	Cypress Gardens Blvd.			
		Address		AS 2	
				ZIIII NOV	
	W	nter Haven, FL 33880			ACT COMPA
		City/State and Zip Code		### N	di mari
		janeetyl@aol.com			
	E-mail address: (to be used for future annual report noti	lication)	** ***********************************	4
For further information	concerning this matter, please of	eali:		京 4	
	Jane E. Tyl	at (863)	224-1779		
Name	of Person	Area Code & Daytin	ne Telephone Numbe	r	
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 enclose	d) Certified	ate of Status &	ed)
	LING ADDRESS:	STREET/COUR	IER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIRELESS	<u>S UNLIN</u>	<u> 11TED USA, LL</u>	.C		_
(Name of the Limited Liabil (A Florid	ity Compan a Limited Li	<u>y as it now annears o</u> lability Company)	n our records.)		
The Articles of Organization for this Limited Liability Florida document number	Company	were filed onJa	nuary 25, 20	10 and	assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liabi	lity company here:			
The new name must be distinguishable and end with the w "L.L.C."	vords "Limit	ed Liability Company	," the designation	"LLC" or t	he abbreviation
Enter new principal offices address, if applicable:		404 Cypress G	ardens Blvd.		
(Principal office address MUST BE A STREET ADI	DRESS)	Winter Haven, I	FL 33880		
Enter new mailing address, if applicable:		404 Cypress Ga	ardens Blvd.	SEERE FAR	3
(Mailing address MAY BE A POST OFFICE BOX)		Winter Haven, I	FL 33880	THE TOTAL PROPERTY.	'
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered off idress here	ice address on our		9 S	estantes
Name of New Registered Agent: Jar	ne E. Tyl	······································			
New Registered Office Address: 404	404 Cypress Gardens Blvd. Enter Florida street address				
	\A <i>G</i>				000
	VVI	nter Haven City	, Florida	Zip C	880 ode
No. Desistant Assessed Street Street		*			

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 Chapping Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

	Name	Address	Type of Action
IGR_	JANE E. TYL	404 Cypress Gardens Blvd. Winter Haven, FL 33880	✓ Add Remove
<u>GR</u>	CHESTER R. TYL	404 Cypress Gardens Blvd. Winter Haven, FL 33880	✓ Add Remove
IGR	WILBERTO BEAUCHAMP	140 OAK HOLLOW DR HAINES CITY, FL 33844	Add Remove
IGR_	LUIS MONTALVO	3936 S. SEMORAN BLVD, NUM 438 ORLANDO, FL 32822	Add Remove
			Add Remove
. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary)	9
. If amen	ding any other information, enter chan		Remove
. If amen	ding any other information, enter chan		Remove
. If amen	October 13, 20		Remove

Page 2 of 2

Filing Fee: \$25.00