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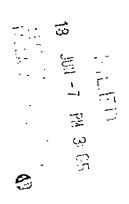
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
cunt		T WIRELESS + LLC		
SUBJE	.cr:	Name of Lir	uited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		RAUL G PLA		
			Name of Person	
		INTERNET WIRELESS		
			Firm/Company	
		9500 NW 12 ST #3		
			Address	
		DORAL, FL 33172		
			City/State and Zip Code	 -
		RAULG@SIMPLEWIFLC		<u> </u>
For fur	ther information c	oncerning this matter, please c	to be used for future annual report noti	neation)
RAUL	G PLA		305 4582855	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	he following amount:		
■ \$25	5.00 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

INTERNET WIRELESS + LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 02/25/2010	and assigned
Florida document number 1.10000022648		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	liability company here:	
NTERNET WIRELESS LLC		م نب
he new name must be distinguishable and contain the words "Limited L	iability 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	Σ	سن نسن
		3
		19
Enter new mailing address, if applicable:		
•		<u>e</u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address l		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			Remove
		-	
			□ Add
			□ Change
			Add
			Remove
			Change
			□ Remove
			Change

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_ Change

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fective date, if other than the date of filing:	
ocument's effective date on the Department of State's records.	diory ming requirements, this date will not be fisted
record specifies a delayed effective date, but not an ef	fective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
6/1/18	
nted	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee