

L10000048236

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

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STATE
DIVISION OF
CORPORATIONS
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SRT WIRELESS LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SRT 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 5/3/2010 and assigned
Florida document number L10000048236.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida

33324

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.

Denise Bell

Denise Bell Assistant Secretary

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Sarah Otchet</u>	<u>1613 NW 136th Ave</u> <u>Building C</u> <u>Sunrise, FL 33323</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>Director</u>	<u>David Wodlinger</u>	<u>4601 Fairfax Dr, Suite 900</u> <u>Arlington, VA 22203</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>Director</u>	<u>Henry Albers</u>	<u>4601 Fairfax Dr, Suite 900</u> <u>Arlington, VA 22203</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>Director</u>	<u>Steven Hill</u>	<u>4601 Fairfax Dr, Suite 900</u> <u>Arlington, VA 22203</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>Director</u>	<u>Jonathan Moneymaker</u>	<u>4601 Fairfax Dr, Suite 900</u> <u>Arlington, VA 22203</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>Chairman</u>	<u>David Wodlinger</u>	<u>4601 Fairfax Dr, Suite 900</u> <u>Arlington, VA 22203</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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