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T. HAMPTON

FEB - 9 2011

EXAMINER

COVER LETTER.

TO:	Registration Sec Division of Cor	ction porations		
SUBJE	ECT:	CELL PHONE R	REPAIR ACADEMY LLC	
SCB0ECTI			ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspon	ndence concerning this matter	r to the following:	
			Ahmed Mansour	
			Name of Person	
CE		CELL PH	ONE REPAIR ACADEMY LLC	•
	<i></i>		Firm/Company	
		1936	Bruce B Downs Blv #121	•
	t		Address	· · · · · · · · · · · · · · · · · · ·
		WES	SLEY CHAPEL FL 33543	
	•		City/State and Zip Code	•
ATS			@ATSTAMPABAY.COM to be used for future annual report notification	
, 	41			, · · · · · · · · · · · · · · · · · · ·
For Iuri	iner information co	oncerning this matter, please of	caii:	•
	AHME	D MANSOUR	at (_813_) 500	0-0066
	Name of	Person	Area Code & Daytime Tel	ephone Number
Enclose	ed is a check for th	e 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		ation Section	STREET/COURIER Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

CELL PHONE REPAIR ACADEMY 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 I	Liability Company	were filed on	01/19/2011	and assigned .
Florida document numberL1100000	7653			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ollity company here	,4 ,5	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compan	y," the designation "I	LC" or the abbreviation
Enter new principal offices address, if appli	AHMED MANSOUR			
(Principal office address MUST BE A STRE	ET ADDRESS)	1936 Bruce B Downs Blvc #121		
		WESLEY CHA	APEL FL 33543	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	ROX)			
•				
B. If amending the registered agent and registered agent and/or the new registered o	or registered of ffice address her	fice address on ou <u>e</u> :	ir records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Ahmed Man	sour		
New Registered Office Address:	1936 Bruce	B Downs Blvd.#	121	
Negistered Office Address.			r Florida street addı	ress
	WES	LEY CHAPEL	. Florida	33543
		City	, Fiorida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Type of Action **Address Title** <u>Name</u> MMGR MUBARAK, BASEM 13951 EGRET LANE ☐ Add ST PETERSBURGE FL 33762 ✓ Remove Nawal omat MMGR ✓ Add 1936 Bruce B Downs Blv #121 Remove wesley chapel FL 33543 ☐ Add ☐ Remove Remove \square Add Remove \Box Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2001 February 3 Dated_ Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00