

L11000110902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

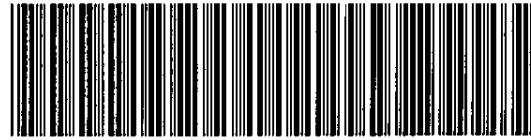
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 20 AM 11:19

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DMG WIRELESS COMM 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:

MARLYSE GAUTHIER
Name of Person
DMG WIRELESS COMM LLC
Firm/Company
8490 NW 40TH STREET
Address
CORAL SPRINGS, FL 33065
City/State and Zip Code
DMGWIRELESSCOM@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARLYSE GAUTHIER at (**754**) **235-1246**
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DMG WIRELESS COMM 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 09/27/2011 and assigned
Florida document number L11000110902.

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:

8490 NW 40TH STREET

(Principal office address MUST BE A STREET ADDRESS)

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

8490 NW 40TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

CORAL SPRINGS, FL 33065

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: MARLYSE GAUTHIER

New Registered Office Address: 8490 NW 40TH STREET

Enter Florida street address

CORAL SPRINGS

Florida

33065

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.


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>
MGR	MARLYSE GAUTHIER	8490 NW 40TH STREET CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DAVID GAUTHIER	2465 NW 33RD STREET # 1514 OAKLAND PARK FL 33309	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated OCTOBER 16, 2011


Signature of a member or authorized representative of a member

MARLYSE GAUTHIER

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA