## L11000131253

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sabiness Elias, Name,
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## **COVER LETTER**

	ision of Coi				
SUBJECT:		RELESS LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		RAJ KUMAR KHANDU.	JA		
			Name of Person		
			Firm/Company		
		2949 ETOWAH PARK B	LVD	\$E0	202
			Address		2020 DEC
		TAVARES FL 32778	City/State and Zip Code	\$7. \$0.	DEC 16 PM 3
		rngdist@gmai.com	,	OF S.	
For further in	iformation c	E-mail address: (oncerning this matter, please e	to be used for future annual report not all:	ification)	ယ္ <b>C</b>
RAJ KUMA	R KHANDU	JJA	352 308-6627		
	Name o	l'Person		ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy radditional copy is	Status &
	ling Addres	•	<u>Street Address:</u> Registration Se	etion	
Div	ision of C	orporations	Division of Cor	rporations	
	. Box 632 lahassee, I		The Centre of T 2415 N. Monro	Fallahassee e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G & H WIRELESS LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nted Lubbility Company)
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L11000131253}{L11000131253}$ .	pany were filed on 11/17/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
G & H DISTRIBUTION LLC	
he new name must be distinguishable and contain the words "Limited I	Liability 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	<u> </u>
	50 8
	020 -CR
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BON)	5 0
	20 m
	<u> </u>
<ol> <li>If amending the registered agent and/or registered offigent and/or the new registered office address here:</li> </ol>	fice address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida siveet address
	Party A to and successing (2)
	, Florida Zin 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add .
			□Remove
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ective date, if other than the date of filing:	(optional)
reffective date is listed, the date must be specific and cannot be prior to date of filing or in te: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	tore than 90 days after filing.) Pursuant to 605,02
secord specifies a delayed effective date, but not an effective time, at 12:01 a.m. s filed.	on the earlier of: (b) The 90th day after th
SEPTEMBER, 8TH 2020	
Cal May .	
I M Assessment	of a member

Filing Fee: \$25.00