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SECHALIAGE FLORIDA

# **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: TCB WIRELESS, 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:
JASON M MENTUER  Name of Person
TCB WIRELESS LC Firm/Company
4466 SE GRAHAM DR Address
STUART FL 34997  City/State and Zip Code  JMM 91774 Q YAHOO. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (772) 233 - 0380  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \t
MAILING ADDRESS. STREET/COUDIED ADDRESS.

## 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

FILED

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TCB Wins	1555 116	SECRETARY UP STATE
TCB WIRE (Name of the Limited Liability (A Florida	y Company as it now app Limited Liability Company	pears on our records.)
•	•	• • • • • • • • • • • • • • • • • • • •
The Articles of Organization for this Limited Liability		Dec 22, 2011 and assigned
Florida document number <u>L 1100014313</u>	<u>34</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company	here:
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Co	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	, Florida Zip Code
	$C\mu\gamma$	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

**Type of Action Address** Title <u>Name</u> JASON M MENTLER Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove \_\_\_Add \_ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 26 \_, 2011 Ducember Signature of a member or authorized representative of a member JASON M MENTIER

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00