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B. BOSTICK

FEB - 1 2012

EXAMINER

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	iCell 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:			
	Raul Pujol			
	iCell Wireless Firm/Company			
	504 E. Atlantic Ave. Address			
	De l'ray Beach, FL 33483 City/State and Zip Code	umark Para		
	City/State and Zip Code Cellwiseless 7 @ q mail. Com E-mail address: (to be used for future annual report notification)	ALL ALL	12 JAN 33	• ይ!! የ
For further in	formation concerning this matter, please call:	05 - 05 -	(კა ნენ	,
	Name of Person at (305) 776-1798 Area Code & Daytime Telephone Number			• J
	check for the following amount: ing Fee \$\Bigsim \frac{\\$30.00}{\\$55.00}\$ Filing Fee & \$\Bigsim \frac{\\$60.00}{\\$60.00}\$ Filing Fee & \$\Bigsim \\$60.00\$ Fi	of Status Copy		i)

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

(Name of the Limited Liabile (A Florid	iveless ity Company a	LLC.	pears on our	records.)			
The Articles of Organization for this Limited Liability					a	nd assi	igned
Florida document number <u>L 200000210</u>	<u> 22</u>	e med on _			••		.6
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the li	mited liability	company	<u>here</u> :				
NA							
The new name must be distinguishable and end with the will.L.C."	ords "Limited I	Liability Co	mpany," the o	designation "	LLC" o	or the a	bbreviation
Enter new principal offices address, if applicable:		N/A					
(Principal office address MUST BE A STREET ADI	ORESS)				1	2	
					3:	777	11
					(A)	() ()	Services Services
Enter new mailing address, if applicable:		N/A			er Ti	~~ <u>:</u>	. • •
(Mailing address MAY BE A POST OFFICE BOX)		/			177		16 ger
	_				1812		
					75-1	* ,····*	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		address o	n our reco	rds, <u>enter</u>	the na	me of	f the new
Name of New Registered Agent:	Ano	elina	J. Pu	ick /	U/#	a)	
		5 11		A (111	
New Registered Office Address:	564	e, <i>p</i>	Enter Florie		dress	Hall	ress/
	0010	/ A			3	348	3
	Deltay	itv	<u>. И</u>	, Florida	Zin	Code	<u> </u>

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 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>	Address	Type of Action
MGR	Angeling J. Pujol	504 E. Atlantic Ave Delcary Beach, FL 33483	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	·.)
_			12 JA
Dated	January 25, 20	$\frac{12}{2}$	
	Signature of a member R G Typeo	er of authorized representative of a member Pulo d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00