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(Ad	dress)	
(Ád	dress)	and the state of
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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07/30/12--01019--022 **25.00

12 JUL 30 PM 4: 12

B. BOSTICK
JUL 3 1 2012
EXAMINER

COVER LETTER

CUBIECT.	Cellul	ar Xtra L.L.C.				
SUBJECT:		ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corre	spondence concerning this matte	r to the following:				
		Dean Patel		-		
		Name of Person				
		Cellular Xtra LLC	····	•		
		Firm/Company				
		12261 SW 143 Lane				
		Address				
		Miami, Florida 33186	·			
	V	City/State and Zip Code				
	E-mail address:	resstrading02@aol.com (to be used for future annual repor	notification)	<u> </u>	-	
For further informatio	n concerning this matter, please	call:		IALLAHASSE	JUL (**************************************
	Dean Patel	at (786)	303 -3 497	(). (). ().	ద	11 21 41
Nam	e of Person	Area Code & D	Daytime Telephone Numbe		12 JUL 30 PH 4: 1	
Enclosed is a check for	r the following amount:			Ĭ.	12	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	ate of Statu		.ed)

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

	Cellular Xt bility Compar orida Limited L	ra L.L.C ny as it now appears on ou iability Company)	ır records.)			
The Articles of Organization for this Limited Liabil Florida document number L1200000781		were filed on1-	13-2012	and assigned		
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liab	ility company here:				
The new name must be distinguishable and end with th "L.L.C."	ie words "Limi	ted Liability Company," the	e designation "l	LLC" or the abbreviation		
Enter new principal offices address, if applicable	e:	12261 SW 143 La				
(Principal office address MUST BE A STREET A	(DDRESS)	Miami, FI 33186		72 72		
Enter new mailing address, if applicable:		12261 SW 143 Lar	; !			
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Fl 33186				
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, <u>enter</u>	the name of the new		
Name of New Registered Agent:			·····			
New Registered Office Address:						
		Enter Florida street address				
<u>-</u>		Miami	, Florida	33186		
		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.

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	AMJAD AZAD	3560 NW 72 AVENUE Miami , Florida 33122	Add ✓ Remove
<u>MGRM</u>	SHAMIM AZAD	3560 NW 72 AVENUE Miami, Florida 33122	Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessary)	JUL 30 PH 4:
Dated	July 25th	, <u>2012</u> . — — — — — — — — — — — — — — — — — — —	
		n Patol 1 - FT 19	
	Signature o	f a member or authorized representative of a member	
		Dean J. Patel Typed or printed name of signee	

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Filing Fee: \$25.00