L12000011128

. (Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	∍ #)		
PICK-UP	☐ WAIT	MAIL		
· (Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
		į		

Office Use Only



000235682150

06/01/12--01016--021 **25.00

FILED

12 JUN -1 PM 12: 20

SECRETARY OF STATE
ALLANASSEE, FLORIDA

COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	millenium Cell Phone Repair, LLC Name of Limited Liability Company
	, , , , , , , , , , , , , , , , , , ,
The enclose	d Articles of Amendment and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Terrence Felton Name of Person
	Name of Person
	millennium Cell Phone Repair, LCC
	Firm/Company
	5544 Bay Blvd.
	Address
	Port Richey, FL 34668
	Port Richey, FL 34668 Port richey Simple mobile ag mail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Terrence Felton at (727) 505-0483 Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:
\$25.00	Filing Fee \$\Bigcup \sum \sum \sum \sum \sum \sum \sum \sum

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

Millenium Cell Phone Repair ALLA ASSE FLODIO Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number 112000071128 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here Repair, LLC 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: (Principal office address MUST BE A STREET ADDRESS) Same Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
<u></u>		Same	Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. Ifamen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if nece	ssary.)
		Same	12 Ju
_			N-I PHIZ: 20 NASSHE, FILORID
Dated	5/29 .20	012.	<u> </u>
		per or authorized representative of a member errence Felton	
	Тур	errence Felton ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00