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COVER LETTER

TO: Registration So Division of Cor		
SUBJECT: VANGUAR	DIA WIRELESS LLC	
	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing.	
	Matthew Klann	
	Name of Person	<u>03</u>
	VANGUARDIA WIRELESS LLC.	2015 MAR ALLEAHAS
	Firm/Company	ASSV ANNA OI N
	2100 CORAL WAY SUITE 604	PMIZ: 20
	Address	
	CORAL GABLES. FL 33145	50 O
	City/State and Zip Code mattklann@vanguardiacorp.com	
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please call:	
Matthew Klann	786 472-6063	
Name o	f Person Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:	
□ \$25.00 Filing Fee X S	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &	

(additional copy is enclosed)

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(Principal office address MUST BE A STREET ADDRESS)

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

VANGUARDIA WIRELESS LLC

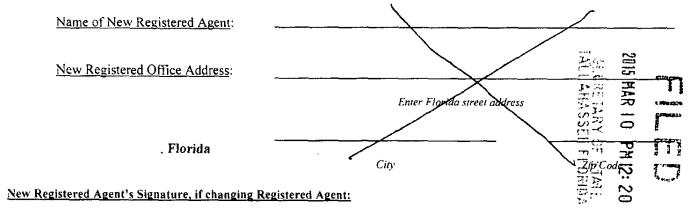
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	7/11/2012	27 2
The Articles of Organization for this Limited Liability Company were filed and assigned		on
46-0568276		
Florida document number	ument number	
This amendment is submitted to amend the following:		_
A. If amending name, enter the new name of the limited liability compan VANGUARDIA ENERGY LLC	<u>y here</u> :	
The new name must be distinguishable and end with the words "Limited Liability Company," if	he designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1-7-,	

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:



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.

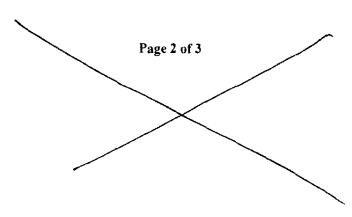
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> <u>Name</u> <u>Address</u> <u>Type of Action</u>



		
		·
e effective date must be s	r than the date of filing: pecific. cannot be prior to date of receipt or filed date and cannot be more than at is filed by the Florida Department of State)	(optional) 90 days
ated		
	·	
	Thurst 15C	
	Signature of a member or authorized representative of a member MATTHEW KLANN	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member MATTHEW KLANN	2015 MAR ALLAHA

Page 3 of 3 Filing Fee: \$25.00