

L13000098051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. G. Myers JUN 10 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Tiger 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:

Steven Cooper

Name of Person

Tiger Wireless, LLC

Firm/Company

5719 N Andrews Way

Address

Ft. Lauderdale, FL 33309

City/State and Zip Code

tigerwirelesshk@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Cooper

Name of Person

at **305 804-0732**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

Tiger Wireless LLC

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

The Articles of Organization for this Limited Liability Company were filed on 7/10/2013 and assigned
Florida document number L13000098051.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

20423 State Rd 7, Suite F6-118

Boca Raton, FL 33498

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20423 State Rd 7, Suite F6-118

Boca Raton, FL 33498

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:

Steven Cooper

New Registered Office Address:

20423 State Rd 7, Suite F6-118

Enter Florida street address

Boca Raton

Florida

City

ALLAHBACH FLORIDA
14 JUN - 3 PM 12:51
33498
Zip Code

33498

Zip Code


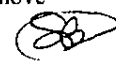
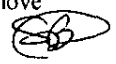

New Registered Agent's Signature, if changing Registered Agent:

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 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

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>
MGRM	DAB Management	4400 Biscayne Blvd, St 850 Miami, FL 33137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove 
MGRM	Gregory Brauser	5440 33rd Ave St 102 Ft. Lauderdale, FL 33309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove 
MGRM	Ari Meltzer	5440 33rd Ave St 102 Ft. Lauderdale, FL 33309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove 
MGRM	Brandon Bal	5440 33rd Ave St 102 Ft. Lauderdale, FL 33309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove 
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE OF FLORIDA
TALLAHASSEE
JUN - 30
PM 12:51

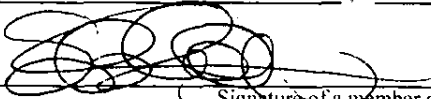


D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 21, 2014



5/21/14

Signature of a member or authorized representative of a member

Steven Cooper, MGRM

Typed or printed name of signee

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Filing Fee: \$25.00

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