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2016 DEC 19 PM 2: 58
SECRETARY OF STATE
AND ANALYSIS FOR ORROR

K. SALY DEC 20 2016

COVER LETTER

Division of Corporations				
SUBJECT:	ні сн-тес н	WIRELESS LLC		
SOBJECT.		Name of Limit	ted Liability Company	
The enclosed	Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return a	all correspond	ence concerning this matter to	o the following:	
		MOHANNAD AMMAR		
		-	Name of Person	
		HIGH-TECH WIRELESS	LLC	
			Firm/Company	
		404 ANDOVER COURT 4	D	
			Address	
		BOYNTON BEACH, FL 3	3426	
			City/State and Zip Code	
		MOHANNAD_AMMAR@		
		E-mail address: (to	o be used for future annual report notific	cation)
For further inf	ormation con	cerning this matter, please ca	ll:	
MOHANNAI			561 667-5971 at ()	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
≡ \$25,00 Fil	ing 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

TO:

Registration Section

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

OMAR WIRELESS 2015 LLC HIGH-TECH WIKELESS LLC

2016 DEC 19 PM 2:58

TALLAHASSEE. FLORIDA

The Articles of Organization for this Limited Liability Company were filed on O8/26/2013 and assigned

Florida document number L13000120573

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 Office Address:	Enter Florida street address

______, Florida ______ 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	MOAYAD AMMAR	404 ANDOVER CT 4D	Add
		BOYNTON BEACH, FL 33426	Remove
			Change
	<u></u>		Add
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	specifies a delayed the day after the re			not an eff	ective time	e, at 12:01	a.m. on	the earlier
ted	CEMBER 15		-, 2016	<u></u>				
				4				
_		Signature of	a member or a	uthorized repr	esentative of a	member		

Page 3 of 3

Filing Fee: \$25.00