

L13000170929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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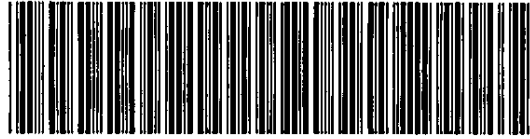
(Business Entity Name)

(Document Number)

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2015 SEP 11 PM 3:14  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

SEP 14 2015

# COVER LETTER

TO: Registration Section  
Division of Corporations

DEFOREST

SUBJECT: ~~PORTAGE~~ WIRELESS SOLUTIONS, 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:

ERIC D. REYNOLDS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

P.O. BOX 393

\_\_\_\_\_  
Address

PALM HARBOR, FL 34682

\_\_\_\_\_  
City/State and Zip Code

aareynolds@hotmail.com

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

For further information concerning this matter, please call:

ERIC D. REYNOLDS

727 204-2411  
at ( )

\_\_\_\_\_  
Name of Person

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**

FILED

2015 SEP 11 PM 3:14

DEFOREST WIRELESS SOLUTIONS, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 DECEMBER 11, 2013 and assigned Florida document number L13000170929.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

208 MILLSTONE DRIVE

**(Principal office address MUST BE A STREET ADDRESS)**

PALM HARBOR, FL 34683

**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:

208 MILLSTONE DR

*Enter Florida street address*

PALM HARBOR

Florida 34682

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MATTHEW WILLIAMS	515 HAMILTON STREET	<input type="checkbox"/> Add
		PORTAGE, WI 53901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	R&R INVESTMENT HOLDINGS.	P O BOX 393	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34682	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	R&W INVESTMENT HOLDINGS		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ERIC D. REYNOLDS - PRESIDENT, SECRETARY & TREASURER

NO OTHER OFFICERS

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2015 SEP 11 PM 3:14  
SECRETARY OF STATE  
ALLIANCE, LINDA

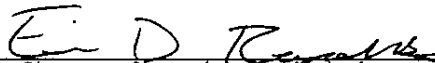
**E. Effective date, if other than the date of filing:** SEPTEMBER 1, 2015 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated SEPTEMBER 1, 2015

  
Signature of a member or authorized representative of a member

ERIC D. REYNOLDS

Typed or printed name of signee