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COVER LETTER

TO: Registration Section Division of Corpo		
_{subject:} irepair	cells LLC	
3050EC1	Name of Limited Liability Company	
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
	dence concerning this matter to the following:	
	Debbie Tenorio	
	Name of Person	28
	irepaircells USA LLC	2014 18 13
	Firm/Company	
	2079 Coral Ridge Drive #208N	CF 3
	Address	31418 79
	Coral Springs Florida 33071	%
	City/State and Zip Code	
	debbie.l.tenorio@sprint.com	
For further information cond	E-mail address: (to be used for future annual report notification) cerning this matter, please call:	
Debbie Tend	orio <u>at (561)</u> 714-1287	
Name of Pe	erson Area Code Daytime Telephone Number	
Enclosed is a check for the f	following amount:	
■ \$25.00 Filing Fee	(additional copy is enclosed) Certified C	of Status &

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

bility Company as it now appears on our rida Limited Liability Company)	records.)	
Company were filed on 2/11/201	13	and assigned
·		
:		
mited liability company here:		
Limited Liability Company," the designation	on "LLC" or the abbre	viation "L.L.C."
	要 ₆ .	2014
DRESS)	27 27	選 刊
	(%) (%)	<u> </u>
		≆ in
**************************************	88	1 0
gistered office address on our re ldress here:	ecords, <u>enter the</u>	name of the
Enter Florida street	address	
2.000 1.201 100 100 100 1		
City		p Code
	Company were filed on 2/11/20 mited liability company here: Limited Liability Company," the designation of	Enter Florida street address Enter Florida Enter Florida Enter Florida Enter Florida Florida

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

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member	
<u> Title</u>	<u>Name</u>	Address Type of Action
MGRM	IREPAIRCELLS LLC	1332 EAST COMMERCIAL BLVD
		OAKLAND PARK, FL 33334 Remove
MGRM	IREPAIRCELLS USA LLC	2079 CORAL RIDGE DRIVE #208N
		CORAL SPRINGS, FL 33071
<u>:</u>		Add Add Add
		SSEC CONTRACTOR Remove)
		Add
		Remove
		Remove
		Add
		Remove

cading any other information,	enter change(s) here: (Attach add	uuionai sneets, ij necessary.)
	CCU	
we date, if other than the date ctive date must be specific, cannot be this document is filed by the Florida	rior to date of receipt or filed date and can	(optional) not be more than 90 days after
February 14	2014	
Oct	3-real	
Signa Ridan J. R.	ture of a member of authorized represents	ative of a member
NO HO D	Typed or printed name of signe	ee
		SECRETARY SALLARY
		YSSE YARAY
		ТС: ТС:
		C BRITE

Page 3 of 3

Filing Fee: \$25.00