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L14000011617

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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```
To:
        Division of Corporations
        Fax Number      :  (850)617-6383

From:
        Account Name    :  THE LAW OFFICES OF NICK SPRADLIN PLLC
        Account Number  :  I20070000020
        Phone           :  (813)435-3176
        Fax Number      :  (713)429-1276
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WIRELESS EMANATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

Electronic Filing Menu   Corporate Filing Menu   Help

Monday, July 20, 2015

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WIRELESS EMANATIONS 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 01/22/2014 _____ and assigned

Florida document number L14000011617 _____.

This amendment is submitted to amend the following:

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

Alpha Networks Venture, LLC
_____
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:

(Principal office address MUST BE A STREET ADDRESS)

12107 S Indian River Drive
_____

Jensen Beach Florida 34957
_____

_____

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12107 S Indian River Drive
_____

Jensen Beach Florida 34957
_____

_____

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**

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ZOE T. ELLER	12107 S Indian River Drive	■ Add
		Jensen Beach Florida 34957	☐ Remove
			☐ Change
AMBR	THOMAS L. ELLER	12107 S Indian River Drive	■ Add
		Jensen Beach Florida 34957	☐ Remove
			☐ Change
MGR	the law officesof nick spradlin pllc	18801 N. DALE MABRY HWY	☐ Add
		#119	■ Remove
		LUTZ, FL 33548	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

_____ _____

_____ _____

_____ _____

_____ _____

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_____ _____

_____ _____

_____ _____

E. Effective date, if other than the date of filing: _____ (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)
<u>Note:</u> 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 ___07/20/_____ . ___2015_____

_____
Signature of a member or authorized representative of a member

NICKOLAS J. SPRADLIN
_____
Typed or printed name of signee

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Filing Fee: $25.00