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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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☐ PICK-UP WAIT ☐ MAIL
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(Document Number)
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COVER LETTER

APPHOVEL AND FR.ED

TO:

Registration Section Division of Corporations 14 APR - 1 PH 12:51

SUBJECT: HBD-Wireless, LLC

SELECTAL OF GRAVE

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:

JAMES H WYNN JR			
Name of Person			
HBD-Wireless, LLC			
Firm/Company			
903 N. MonRoe St Suite#4			
Address			
TALLALASSEE, FL 32303			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

Name of Person

Name of Person

Name of Person

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



14 APR - 1 PM 12: 51



Zip Code

MADY WIST LOSO	A STATE OF THE OFFICE
HBD-Wireless, L	
(Name of the Limited Liability Compar (A Florida Limited L	oy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L14006037263</u> .	were filed on 3-05-2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile to the limited liabile. To the limit of the limited liabile. The new name must be distinguishable and end with the words "Limit" "L.L.C."	•
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 off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	137161 F FOR INC. ST. CO. Copen, Cop
	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.

City

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 = N $AMBR = A$	Aanager Authorized Member		14 APR -1 PM 12: 51
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		<u> </u>	
			Add
			Add
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			Add
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			Add

D. If amending any other information, enter c	hange(s) here: (Attach additional sheets, if necessary)
	14 APR - 1 PM 12: 52
	STATE OF THE
	LUHIDA
E. Effective date, if other than the date of filin (If an effective date is listed, the date must be specified).	g: (optional) cific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
Dated <u>4-1-</u> ,	2014
James H.	Wynn Jr.
	ember or authorized representative of a member
	Typed or printed name of signee
•	Doga 3 of 3

Page 3 of 3

Filing Fee: \$25.00