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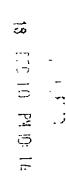
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Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

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## **COVER LETTER**

TO:

TO: Registration Sec Division of Corp			
	AL WIRELESS, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	ASDIEL BRUNET CARC	ASES	
		Name of Person	
	MEGA DEAL INVESTM	ENT, LLC	
		Firm/Company	
	928 SE 16TH ST		
		Address	
	CAPE CORAL, FL 33990		
	INVESTMENT4U@GMAI	City/State and Zip Code L.COM	
For further information co	E-mail address: ( neerning this matter, please co	to be used for future annual report not all:	fication)
ASDIEL BRUNET CARG	CASES	239 888-5070	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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 clictored)	(additional copy is enclosed)
MAILE	NG ADDRESS:	STREET/COUR	IER ADDRESS:
	tion Section of Corporations	Registration Section Division of Corpo	
P.O. Bo		Clifton Building 2661 Executive Co	
· · · · · · · · · · · · · · · · · · ·	entry that himself (	Tallahassee, FL 32	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabl</u> (A Florid	lity Company as It now appears on our record da Limited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Florida document number L14000043036		and assigned
amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  It is meaning a must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the new principal offices address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  It is mending address, if applicable:  It is mending address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, a stered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		
A. If amending name, enter the new name of the lin	nited liability company here:	3
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	4
		,
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
0 0 0		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	55
	, FI	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

0400 000 44 0000 000 14 0

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>	Type of Action
P	MEGA DEAL INVESTMENT.	928 SE 16TH ST	
<u> </u>	LLC		Add
		CAPE CORAL, FL 33990	_
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			12/05/2018	<b>}</b>			
fective date, i	if other than the o	late of filin	u.		(	optional)	
in effective date i	is listed, the date must	be specific and	d cannot be prio	r to date of filing	or more than 90 days	s after filing.) Pursuant to 60 s, this date will not be lis	05.0 Sted
	tive date on the De				inig requirement	i, this date will not be its	31¢ u
	cifies a delayed ly after the reco			ot an effectiv	ve time, at 12:	01 a.m. on the earl	lier
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00