

L14 0000 76360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

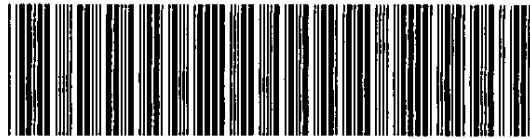
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CLERK OF COURT
TALLAHASSEE, FLORIDA

2016 JUL 11 P 4:31

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JUN 12 2016
O BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CELLULAR NEXT LIMITED LIABILITY COMPANY

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:

HAMZA MUSHTAQ

Name of Person

CELLULAR NEXT LIMITED LIABILITY COMPANY

Firm/Company

1600 NW 84TH AVE

Address

MIAMI FL 33126

City/State and Zip Code

HAMZA@CELLULARNEXT.COM

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

For further information concerning this matter, please call:

HAMZA MUSHTAQ

Name of Person

at (305)

Area Code

406 9600

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2016

HAMZA MUSTHIAD
1600 NW 84TH AVE
MIAMI, FL 33126

SUBJECT: CELLULAR NEXT LIMITED LIABILITY COMPANY
Ref. Number: L14000076360

We have received your document for CELLULAR NEXT LIMITED LIABILITY COMPANY and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 016A00013571

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CELLULAR NEXT LIMITED LIABILITY COMPANY

(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 MAY 9, 2014 and assigned Florida document number L14000076360.

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:

(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 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

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TALLAHASSEE, 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 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> |
|--------------|----------------------|------------------------------------|--|
| <u>MGR</u> | <u>HAMZA MUSHTAQ</u> | <u>1600 NW 84TH AVE</u> | <input checked="" type="checkbox"/> Add |
| | | <u>MIAMI FL 33126</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>UMAR MUSHTAQ</u> | <u>1600 NW 84th AVE</u> | <input type="checkbox"/> Add |
| | | <u>MIAMI FL 33126</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>ALI MUSHTAQ</u> | <u>1600 NW 84TH AVE</u> | <input type="checkbox"/> Add |
| | | <u>MIAMI FL 33126</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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JULY 07, 2016

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.

Dated _____, _____.

Hamza. Mushat

Signature of a member or authorized representative of a member

HAMZA MUSHTAQ

Typed or printed name of signee