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(Requestor's Name)	
(Address)	300287339
(Address)	3002013392
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	06/27/1601012-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	07/12/1601006
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COVER LETTER

SURJECT: CELA	ULAR NEXT LIMI	TED LIABILITY COMPA)NY	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HAM	ZA MUSHTAQ		
		Name of Person		
	CELLULAR NEX	T LIMITED LIABILITY C	OMPANY	
		Firm/Company		
	44 m4	0.174		
	1600 NW	84 ^{7H} AVE Address		
		Address		
	MIAMI	FL 33126 City/State and Zip Code		
		City/State and Zip Code	2016 ALI	CHAST FACE
	HAMZAOCEL	LULARNEXT. COM to be used for future annual report notifi	ication)	
	E-mail address: (to be used for future annual report notifi	cation)	1
For further information c	oncerning this matter, please c	all:	Logic management	
1100020	201101172	200 //0/	reation) ALLAHASSEE 9600 Telephone Number	in the same
Name o	of Person	at (30 S) 406 Area Code Daytime	Telephone Number	
		·		
Enclosed is a check for the	he 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:

TO:

Registration Section
Division of Corporations

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



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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIMITED LIABILITY COMPANY CELLULAR NEXT (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 L/40000 76360 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 "LLC." 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

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>	Address	Type of Action
MGR	HAMZA MUSHTAQ	1600 NW 84TH AVE	\ \S \Add
		MIAMI FL 33126	☐ Remove
			☐ Change
MGR	UMAR MUSHTAQ	1600 NW 84th AVE	□ Add
		MIAMI FL 33126	Remove
			Change
MGR .	ALI MUSHTAQ	1600 NW 84TH AVE	Add
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Filing Fee: \$25.00