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J SHIVERS

Cover Letter:

Brett A. Bryant

Daytime Phone Number: 407-683-1347

Return Address: 7320 E Colonial Dr. Orlando, FL 32807

COVER LETTER

Division of Corpo			
SUBJECT:	hat Cell Phor	re Guy, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	-	<u>-</u>	•
	Brett A. Bo	Vant / 14 yosik	<u>sim</u>
	\odot	0 , 0.	
	Phone	Repairs 260 Firm/Company	
		Firm/Company	,
	7320 E Co	lonial Dr. Address	
		Address	
	Orlando, FL	. 32839 City/State and Zip Code	
		<u> </u>	
	1 nto @ phor	ne Repairs 260. com to be used for future annual report notifi	
			cation)
For further information con	cerning this matter, please ca	all:	
Brett A. Bryant		at (407) 693-1	347
Name of F	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

TO ARTICLES OF ORGANIZATION OF



That Cell P	hone Gi	y, LLC	•	
(Name of the Limited L (A I	<mark>Liability Company</mark> Florida Limited Lia	as it now appears on our recubility Company)	ords.)	
The Articles of Organization for this Limited Liabil	lity Company w	vere filed on12/17/.	20) 4 and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabili	ty company here:		
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		7320 E Colonial Dr.		
(Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32807		
Enter new mailing address, if applicable:		7320 E Colon	ial Dr.	
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32807		
B. If amending the registered agent and/or	registered offi	ce address on our reco	rds, enter the name of the nev	
registered agent and/or the new registered office	address nere:		OCT 2	
Name of New Registered Agent:			10 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	
New Registered Office Address:	7320	E Colonial Dr. Enter Florida street add	tress S	
	Orland	l -	Florida 38807	
-		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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kyosik Kim		Add
		Orlando, FL 32807	Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
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(If an efi <u>Note:</u>	tive date, if other than the date of filing: $\frac{10/26/15}{20}$ (option fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the lift of the date inserted in this block does not meet the applicable statutory filing requirements, this nent's effective date on the Department of State's records.	iling.) Pr	irsuant to I not be	605.0207 (3)(t listed as the
b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.e. 90th day after the record is filed.	.m. on	the ea	arlier of:
Dated	18/26/15			
	Stenature of a member or authorized representative of a member			_
	Kyosik Ki'm Typed or printed name of signee			_

Page 3 of 3

Filing Fee: \$25.00