## L15000011638

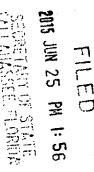
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2015 JUN 25 PM 1: 56

CITYCELLGSM III, LLC

SECRETARY OF STATES TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

5 27 Cara and 1 1 and Car	were filed on $\frac{01/20/2015}{}$ and assigned
Florida document number 115000 11638.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8020 NW 60TH STREET BLDG B SUITE P
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33166
Parkers and the second	8020 NW 60TH STREET BLDG B SUITE P
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33166
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	
registered agent and/or the new registered office address here  Name of New Registered Agent:	
registered agent and/or the new registered office address here	
registered agent and/or the new registered office address here  Name of New Registered Agent:	e:  Enter Florida street address
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
registered agent and/or the new registered office address here  Name of New Registered Agent:	Enter Florida street address, Florida City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage,	enter the title,	name, and a	ddress of	each person	being added
or removed from our records:					

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
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	_		☐ Remove
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			Remove
			Change

If amending any other information	n, enter change(s) here: (Attach additional she	eets, if necessary.)
		JUN 25
		ric .
		<u> </u>
Essective date, if other than the da	te of filing:	(optional)
(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior to date of filing or more than a does not meet the applicable statutory filing requirement of State's records.	90 days after filing.) Pursuant to 605.0207 (3) ements, this date will not be listed as the
the record specifies a delayed e  The 90th day after the record	ffective date, but not an effective time, a	t 12:01 a.m. on the earlier of:
Dated JUNE 22	2015	
	J-P.	
Si	gnature of a member or authorized representative of a men	nber

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00