

L15000106295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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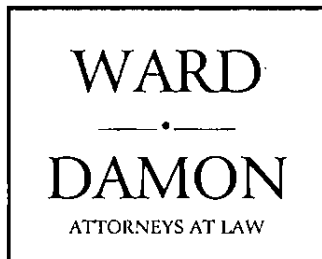
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 03 2015

S MASON



4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407  
Tel: (561) 842-3000  
Fax: (561) 842-3626  
[www.warddamon.com](http://www.warddamon.com)

*Adam R. Seligman, Esquire*  
[aseligman@warddamon.com](mailto:aseligman@warddamon.com)

AUGUST 31, 2015

**Via Federal Express**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Articles of Amendment-Leading Edge Mobile LLC**

Dear Sir/Madam:

Enclosed for filing please find the Articles of Amendment for Leading Edge Mobile LLC

Also, enclosed is our check for the amount of \$30.00 to cover the filing fees for the Statement of Authority. Please provide a copy of the certificate of status to our office in the self-addressed stamped envelope.

Yours truly,

A handwritten signature in black ink, appearing to be "AS", written over a horizontal line.

ADAM R. SELIGMAN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEADING EDGE MOBILE LLC

\_\_\_\_\_  
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:

Adam R. Seligman, Esq.

\_\_\_\_\_  
Name of Person

Ward Damon PL

\_\_\_\_\_  
Firm/Company

4420 Beacon Circle

\_\_\_\_\_  
Address

West Palm Beach, FL 33407

\_\_\_\_\_  
City/State and Zip Code

aseligman@warddamon.com

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

For further information concerning this matter, please call:

Adam R. Seligman, Esq.

561 594-1779  
at ( )

\_\_\_\_\_  
Name of 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

LEADING EDGE MOBILE LLC

The Articles of Organization for this Limited Liability Company were filed on 06/17/2015 and assigned Florida document number L15000106295.

FAME Wireless LLC

**(Principal office address MUST BE A STREET ADDRESS)**

**(Mailing address MAY BE A POST OFFICE BOX)**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

*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**

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New Registered Agent  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

**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 August 31 2015

Typed or printed name of signee

**Filing Fee: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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