L15000 123514

(Re	equestor's Name)				
(Ad	Idress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	: #)			
PICK-UP	WAIT	MAIL			
(Bu	usiness Entity Nam	ne)			
(Do	(Document Number)				
Certified Copies	_ Certificates	of Status			
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SEP 3 O 2015 J. HARRIS

COVER LETTER

Division of Co	rporations		
Solution C	ellular LLc		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please return all corresp	ondence concerning this matter	to the following:	
	Mahmoud Berjawi		
		Name of Person	
	Solution Cellular LLC		
		Firm/Company	*/
	7802 Rideout RD Suite E		
		Address	
	Tampa, FL, 33619		
		City/State and Zip Code	
	MahmoudBerjawi@live.coi E-mail address: (1	n to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca		
Mahmoud Berjawi		813 679-1436 at ()_	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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: 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



September 10, 2015

MAHMOUD BERJAWI 7802 RIDEOUT RD SUITE E TAMPA, FL 33619

SUBJECT: SOLUTION CELLULAR LLC

Ref. Number: L15000123514

We have received your document for SOLUTION CELLULAR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 515A00019090

PECEIVED
15 SEP 24 PM 3: 51
SEVÆ PART DF STATE
ALLANGED:

2015 SEP 24 AM II: 39



August 18, 2015

MAHMOUD BERJAWI 7802 RIDEOUT RD SUITE E TAMPA, FL 33619

SUBJECT: SOLUTION CELLULAR LLC

Ref. Number: L15000123514

We have received your document for SOLUTION CELLULAR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 815A00017407

2015 SEP 24 AHII: 40

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solution Cellular LLC		,			
(Name of the Lin	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records,) pany)			
The Articles of Organization for this Limited Liability Company were filed on July 20, 2015 Florida document number L15000123514			and assigned		
This amendment is submitted to amend the fo	lowing:		•		
A. If amending name, enter the new name	of the limited liability compa	ny 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 appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
			78 28 T		
			A S S S S S S S S S S S S S S S S S S S		
Enter new mailing address, if applicable:	•		D sparse		
			4 1.5S		
(Mailing address MAY BE A POST OFFICE	<u> </u>				
			5 =		
B. If amending the registered agent and registered agent and/or the new registered of		ss on our records, <u>ent</u>	er the name of the ne		
registered agent and/or the new registered (ance address nere:				
Name of New Registered Agent:	Mahmoud Berjawi				
New Registered Office Address:	7802 Rideout RD Suite E				
	Ente	er Florida street address			
	Tampa	, Florida	33619		
	City	, - 101100	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

Page 1 of 3

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	Bilal M Berjawi		
		6117 cricket hollow dr. riverview, f	■ Remove
			□ Change
MGR	Mahmoud Berjawi	6117 Cricket Hollow Dr, Riverview	Add
			☐ Remove
			Change
	•		
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D. If amending ar		tion, enter chang				r.)	
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E. Effective date, (If an effective date Note: If the date document's effective date document's effective date document and the record specific date (b) The 90th date	e inserted in this bleative date on the Dictional critical critica	ock does not meet to epartment of State* d effective date,	the applicable statu s records.	tory filing requirer	nents, this date v	vill not be	listed as th
Dated August 7		, 20	015		•		
	ľ	Signature of a memb	Beclasser or authorized repr	sentative of a meml	ner	⊼s Es	<u> </u>
Mahr	noud Berjawi	Mahm	ud Ber	Signer Signer		SSE	SEP 24
		79 F	Page 3 of 3			EC FLOSI	

Filing Fee: \$25.00