

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L15000158618**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000036001 3)))



H160000360013ABCR

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : AT PLUS CORP  
Account Number : I20140000060  
Phone : (305)406-3800  
Fax Number : (305)406-3999

2016 FEB 11 AM 8:28  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
2016 FEB 11 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ADONAI GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FEB 12 2016  
J. HARRIS

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ADONAI GROUP LLC

(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 09/17/2015 and assigned  
Florida document number L15000158618

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NEW WIRELESS LLC

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

3006 NW 72<sup>ND</sup> Ave.  
Miami, FL 33122

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

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

Feb. 11. 2016 12:15PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: No. 8637 P. 3/4

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MANUEL R. SALAS	9737 NW 41ST ST.	<input type="checkbox"/> Add
		#802	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

**D. ~~As indicated on, enter change(s) here:~~** (Attach additional sheets, if needed. No. 8637 P. 4/4)

P. 4/4

**(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated February 11, 2016

Cintia L. Aguino

Signature of a member or authorized representative of a member

Signature of a n

Cristen L. Quinn

Typed or printed name of signee

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**Filing Fee: \$25.00**

2015 FEB 11 AM 8:28  
FALLA WASH STATE 1000A