

L16000052042

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WAVELINK BROADBAND LLC**

Certificate of Status	0
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Page Count	03
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JUL 07 2016

2016 JUL -6 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL -6 A 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WAVELINK BROADBAND 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 03/14/2016 and assigned Florida document number L16 000052042

This amendment is submitted to amend the following:

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

WAVELINKS 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:

10775 SW 190 STREET, UNIT # 36

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FLORIDA 33157

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:

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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>
AMBR	RAFAEL BOGGIO	9105 SW 227 STREET, #3	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33190	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NINOSKY SANCHEZ	9591 FOUNTAINBLEU BLVD #2	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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 statute, the applicable statute must be inserted in this block.

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

Signature of signatory or authorized representative of a member

ALESKA GIL NINOSKY SANCHEZ CARLOS CUENILLAS RAFAEL BOGGIO

Typed or printed name of signee

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