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## COVER LETTER

TO: Registration Se Division of Cor	ection porations		
SUBJECT: Wireless M	of Tamarac, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	David Bultynck		
		Name of Person	
	Bultynck & Co., P.L.L.C.		
		Firm/Company	, , , , , , , , , , , , , , , , , , ,
	15985 Canal Road		
		Address	
	Clinton Township, MI 480	938	
		City/State and Zip Code	
	amarsh@bultynck.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
David Bultynck		586 286-7300 at ()	
Name of	Person	at () Area Code Daytinx	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fcc, 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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wireless M of Tamarac, 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 June 17, 2016 and assigned Florida document number \_L16000117306 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company 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 applicable: (Principal office address MUST BE A STREET ADDRESS) Wireless M of Tamarac, LLC Enter new mailing address, if applicable: 42560 Van Dyke Ave. (Mailing address MAY BE A POST OFFICE BOX) Sterling Heights, MI 48314 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 City

#### 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

' 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** \_ Add □ Remove ☐ Change □ Add \_□ Remove ☐ Change \_□ Add \_□ Remove ☐ Change 의6 SE 30 를에 1:될2 되VISIO用이 CURPORATHUS □ Remove \_ Change \_□ Add □ Remove

☐ Change

If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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he record The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest the record is filed.	er of:	
Dated	September 21, 2016.  Righta Los-Witha  Signature of a member or subprized representative of a member		
	Rita Kas-Mikha, Member		
,	Typed or printed name of signee		

Page 3 of 3
Filing Fee: \$25.00