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COVER LETTER

Division of Cor	porations		•
SUBJECT:	STAR PERFORMANC	E WIRELESS SOLUTIONS, LLC	
SUBJEC1:	Name of Lim	ited Liability Company	144
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		JOEL MARCUS	
		Name of Person	
		JOEL MARCUS, INC.	
Firm/Company			
		676 WEST PROSPECT ROAD	
		Address	
		FT. LAUDERDALE, FL 33309	
		City/State and Zip Code	
		JMARCUSCPA@YAHOO.COM	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please co	all:	
	L MARCUS	954 566-8513 at ()	<u>.</u>
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

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STAR PERFORMANCE WIRELESS SOLUTIONS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number _ L16000148127 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, 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>	Address	Type of Action	
MGRM HANKERSON, JOHN C		676 WEST PROSPECT ROAD		
		FT. LAUDERDALE, FL 33309	■ Remove	
			Change	
AMBR	BAUGH, JENIFER	676 WEST PROSEPCT ROAD	■ Add	
		FT. LAUDERDALE, FL 33309	☐ Remove	
			Change	
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Filing Fee: \$25.00