116000217767

(Re	equestor's Name)	
. (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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FILED
2017 JAN 23 A 7 47
SECRETARY OF STATE

D. BRUCE 'JAN 24 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2016

ALESSANDER Z ALDANA 1155 N WASHINGTON BLVD, A SARASOTA, FL 34236

SUBJECT: STATION WIRELESS 1, LLC

Ref. Number: L16000217767

We have received your document for STATION WIRELESS 1, 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 316A0002630

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporation		***	, '	
SUBJECT: SA	ation Winele	rs #1		
	Name of Limit	ed Liability Company		- .
The enclosed Articles of Amend	ment and fee(s) are subn	nitted for filing.		
Please return all correspondence	concerning this matter t	o the following:		
	Alessando	Name of Person	a	
		Name of Person		
•		Station wire	•	
		Firm/Company		
	1155 1	woshingto Address	m Blud	<u>.</u>
		Address		_
	Soros	ota FL. City/State and Zip Code	34236	_
		City/State and Zip Code		
	Lyssandel E-mail address: (to	Lyssvele amai	Com	- AE SE
For further information concerni				2017 JAN 23 SECHETARY!
Yessica Aldana Name of Person		at (801 Area Code	725-99-31	JAN 23 A 7
Name of Person Enclosed is a check for the follo		Area Code	Daytime Telephone Num	A 7 47
_	30.00 Filing Fee &	□ \$55.00 Filing Fee &	፫ ⊒ ¢ ≼ስ ስለ	Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclo	Certification Ce	icate of Status & ied Copy onal 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

	nincless #1				
(<u>Name of the Limited</u> (A	Liability Company as it not Florida Limited Liability Co	w appears on our recompany)	ords.)		
The Articles of Organization for this Limited Liab lorida document number		d on	1 0-016	and assign	ned
nis amendment is submitted to amend the follow	ving:				
. If amending name, enter the new name of t	he limited liability com	pany here:			
e new name must be distinguishable and contain the word	ds "Limited Liability Compar	ny," the designation "l	LC" or the abbre	eviation "L.L.C	
nter new principal offices address, if applicab	ole:				
Principal office address MUST BE A STREET.	ADDRESS)				
	-			2017	
		•	AH.	AN	Π
nter new mailing address, if applicable:	- · · · · · · · · · · · · · · · · · · ·		S. S.	<u>~~</u>	
Mailing address MAY BE A POST OFFICE BO	<u> </u>		m [×]	$-\frac{\omega}{\Gamma}$	77
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			ORID	نا	
. If amending the registered agent and/or egistered agent and/or the new registered office		ress on our reco	rds, <u>enter th</u>	e name of	the
Name of New Registered Agent:	Alessander	2 Aldan	<u>ર</u>	,	
New Registered Office Address:	Alessander 1155 N U	soshington	BLUd		
	Sara soha	nter i lorida street ada	ress	34234	
	Sara soka City	•	riorida	Zip Code	
ew Registered Agent's Signature, if changing Reg			•		

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 **Type of Action Address** Title Name Yessica Aldam 1155 N. Washinston Blud ☐ Remove ☐ Change 1155 N. Wushington 13 Los Alessander R Aldam _□ Remove · ☐ Change □ Add □ Remove ☐ Change □ Add Remove □ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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If the date insert	ed in this block of	pecific and cannot bloes not meet the ment of State's re	applicable st	Or ministry or mi	g requiren	nents, this	date will	not be liste
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Filing Fee: \$25.00