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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

| | Registration Se Division of Cor | | | |
|-----------|------------------------------------|--|---|--|
| SURIFO | BCD WIRI | ELESS, L.L.C. | | |
| O DO DA | · · · | | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for tiling. | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | |
| | | Steven D. Duker | | |
| | | | Name of Person | |
| | | Dubrow Duker & Associat | es, P.A. | |
| | | | Firm/Company | |
| | | 5401 N. University Drive, | Suite 204 | |
| | | | Address | |
| | | Coral Springs, FL 33067 | | |
| | | - | City/State and Zip Code | |
| | | steve@dubrowduker.com | | |
| | | E-mail address: (1 | to be used for future annual report notif | ication) |
| For furth | er information co | oncerning this matter, please ca | alt: | |
| Steve Du | ıker | _ | 954 345-0323 | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| □ \$25.0 | 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:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCD WIRELESS, L.L.C.

| (<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co | w appears on our records.) ompany) | - |
|--|--|-------------------|
| The Articles of Organization for this Limited Liability Company were file florida document number $\frac{1.16000232142}{1.0000232142}$. | ed on 12/27/2016 and a | issig ne d |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited liability com | pany here: | |
| 3CD International, LLC | | |
| he new name must be distinguishable and contain the words "Limited Liability Compa | my," the designation "LLC" or the abbreviation | ·L.L.C." |
| inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address here: | lress on our records, enter the nam | |
| gistered agent and/or the new registered office address here. | č | 1710 1710 |
| Name of New Registered Agent: | | ₹ |
| New Registered Office Address: | | <u> </u> |
| | Enter Florida street address Florida | PH 4: OF |
| City | Zip Coa | <i>₹.</i> |
| lew Registered Agent's Signature, if changing Registered Agent: | | 4 |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name | <u>Address</u> **Type of Action** _□ Add _ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove _____ Change __ 🗆 Add □ Remove ___ 🗆 Add □ Remo _ Charge _□ ∧d**±2** □ Rem**o**re

_□ Change

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| ctive date, if other that | n the date of filing te must be specific and | g: I cannot be prior to c | ate of filing or more th | (optional) an 90 days after tiling.) I | ursuant to 605.02 |
| e: If the date inserted in t iment's effective date on | his block does not n | neet the applicable | e statutory filing req | uirements, this date w | ill not be fisted a |
| ecord specifies a del | ayed effective d | late, but not a | n effective time | , at 12:01 a.m. o | n the earlier |
| ne 90th day after the | e record is filed. | | | | 18 |
| d January | . IT | 2018 | | | JAN |
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| | | | d representative of a | | |

Page 3 of 3

Filing Fee: \$25.00