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COVER LETTER

Division of Corporations
SUBJECT: Wireless Location Lic Name of Limited Liability Company
Traine of Bullica Buomey Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle Lodriguez
Firm/Company
5761 5. Orange Blosson Tr. #12
Orlando Fl 32839
City/State and Zip Code rodroucz Hickelle 0301994011 CDH E-mail address: (to be used for future annual report mathication)
For further information concerning this matter, please call:
Minule hed. at (407) 2.85 0705 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \$\ \ \text{Certified Copy (additional copy is enclosed)} \$\ \ \text{Certified Copy (additional copy is enclosed)} \$\ \ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \$\ Certified Copy (addi

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

Wireless	Location LLC
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
(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 O2/01/2017 and assigned Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
<u> </u>	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD.	RESS)
	Is Silvery
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	The state of the s
Total de la continua de vino no versos de control de la continua d	
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

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 = Ma $AMBR = Aa$	nnager ithorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	Michille Rodriguez	44 areca dr. alando Fl 32807	(] Add
		<u> </u>	□ Remove
			Change
<u>HGR</u>	Michelle hodriguez	44 areca droilindo	
		F1, 32807	□ Remove
			Cliange
AHBR	Fransheska Cor		c XAdd
		44 areca de orland	∂_□ Remove
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cument's effective date on the Department of Sta	ite's records.			
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The 90th day after the record is filed.	te, but not an ene	ective time, at 12.0.	r a.m. on the carn	
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•	/ [[////]]			
Signature of a me	ember or authorized repre	esentative of a member		

Page 3 of 3

Filing Fee: \$25.00