

L17000163743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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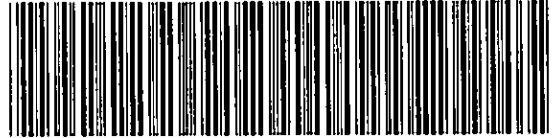
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
19 NOV 21 AM 10:08

DEC 19 2019
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wireless America LLC
Name of Limited Liability Company

FILED
DIVISION OF CORPORATIONS
19 NOV 21 AM 10:08

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John P. Cullem, Esquire

Name of Person

Attorney at Law

Firm/Company

2519 N. McMullen Booth Rd. Suite 510-343

Address

Clearwater, FL 33761

City/State and Zip Code

john.cullem@attysecure.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John P. Cullem, Esq. 727 557-6669
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WIRELESS AMERICA 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 08/01/2017 and assigned
Florida document number L17000163743.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

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)

1355 Sand Lake Rd. Suite (2)

Orlando, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1355 Sand Lake Rd. Suite (2)

Orlando, FL 32809

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:

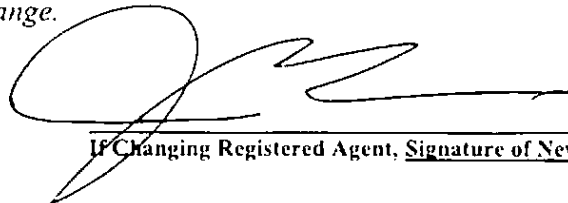
2599 COUNTRYSIDE BLVD. BLDG 10, UNIT 212
Enter Florida street address

CLEARWATER
City

Florida 33761
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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COB	Mohdgazal S. Alqawasmy	7003 Presidents Dr.	<input type="checkbox"/> Add
		Suite 700	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32809	<input type="checkbox"/> Change
VP	Talal S. Qawasmi	7003 Presidents Dr.	<input type="checkbox"/> Add
		Suite 700	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32809	<input type="checkbox"/> Change
AMBR	Mursi S. Kawasmi	7003 Presidents Dr.	<input type="checkbox"/> Add
		Suite 700	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32809	<input type="checkbox"/> Change
P/T/S	Mursi S. Kawasmi	7003 Presidents Dr.	<input type="checkbox"/> Add
		Suite 700	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32809	<input type="checkbox"/> Change
AMBR	Saad S. Kawasmeh	7003 Presidents Dr.	<input type="checkbox"/> Add
		Suite 700	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32809	<input type="checkbox"/> Change
VP	Saad S. Kawasmeh	7003 Presidents Dr.	<input type="checkbox"/> Add
		Suite 700	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32809	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The Authorized Members, Mohdgazal S. Alqawasmy and Talal S. Qawasmi, remain Authorized Members.

Mohdgazal S. Alqawasmy is no longer Chairman of the Board and Talal S. Qawasmi is no longer VP of

Development.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November, 19th, 2019

Signature of a member or authorized representative of a member

Mohdgazal S. Alqawasmy

Typed or printed name of signee