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K. SALY DEC -3 2016

COVER LETTER

TO: Registration : Division of Co			
SUBJECT;	More T Mobile, LI	.C	
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
		Deirdre F. Aretini	
		Name of Person	
	Dunlap	. Bennett & Ludwig, PLLC	
		Firm/Company	
		612 West Bay Street	
		Address	
	T	ampa, FL 33606	
		City/State and Zip Code	
	koconnell@dbllawyer E-mail address: (s.com; gcentrone@dbllawyer to be used for future annual report notif	s.com; daretini@dbllawyers.com
For further information of	concerning this matter, please c	all:	
Deirdre F. Aretir	ni	at (<u>813</u>) 360-1529	9
Name (of Person		: Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



More T Mobile, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 1/22/2018 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 1.18000018597 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: More T Affiliates II, LLC The new name must be distinguishable and comain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = N AMBR = 2	g Authorized Person(s) authorized <u>I from our records</u> : Manager Authorized Member <u>Name</u>		18 NOV 26 AM 2: 3n	
<u>Title</u>	<u>Name</u>	<u>Address</u>	PALLATIANTE, PLORIDA	Type of Action
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		Signature of a member or authorized representative of a member
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Filing Fee: \$25.00