K18000076525

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Sec Division of Corp			
R2 WIRELI	-		
SUBJECT:		ted Liability Company	
		EDWARD MEJIA	
		Name of Person	
	PESS LLC Name of Limited Liability Company		
		Firm/Company	
	1835 N	W 112ND AVE SUITE 164	
		Address	
		MIAMI FL 33172	
		City/State and Zip Code	
	EDMEJIA@TBSTAX.NET	•	
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please co	all:	
EDWARD MEJIA		at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration	Section	Registration Sec	
P.O. Box 632	-	The Centre of Ta	allahassee
Tallahassee		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RW WIRLES		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our rec imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co. Florida document number L18000076525	mpany were filed on MARCH 26, I	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		2022
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records. <u>er</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	
		. 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 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>	Address	Type of Action
AMBR	GARCIA, MARTIN T	8307 NW 68TH ST	□Add
		DORAL FL 33166	■Remove
AMBR	QUINONES, JOE M	8307 NW 68TH ST	= Add
		DORAL FL 33166	Remove
			□Change
			□Add
			□Remove
			□ Change
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an effe Note: I	ve date, if othe ective date is listed If the date insert ent's effective do	, the date mu .ed in this b	ist be specific a block does not	ng: nd cannot meet the	e applicable	ate of filing or statutory fil	more than 90 ling requiren	(option: days after fili nents, this da	ng.) Pursuant to	605,0207 (listed as t
record d is file	I specifies a dela ed.	iyed effecti	ve date, but n	ot an eff	ective time,	at 12:01 a.n	n, on the ear	lier of: (b)	The 90th day	after the
	Janosn	y 4	74	- · <u>Z</u>	022					
Dated _		1								