

L18000262801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

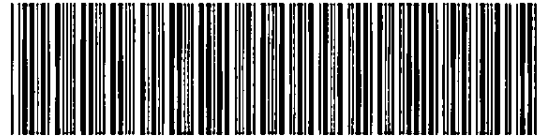
(Business Entity Name)

(Document Number)

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FILED  
2023  
STAFF  
FEB 10 10:00 AM  
FEB 10 10:00 AM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SmartNet Wireless FL LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Michael Merino  
Name of Person  
Law Offices Michael Merino PA  
Firm/Company  
6741 Orange Dr  
Address  
Davie, FL 33314  
City/State and Zip Code  
mmerino@merinolegal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Merino 954 321-7701  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

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

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2023  
SEP 11  
TALLAHASSEE, FL  
REGISTRATION SECTION

**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>
AMBR	Moeen H Khalil		<input type="checkbox"/> Add
		10916 El Caballo CT DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paleco Operations LLC	601 N Congress Ave Ste 410	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Remove Current Authorized Member Moeen H Khalil and Address 10916 El Caballo CT DELRAY BEACH, FL 33437

Add Manager Paleco Operations LLC and Address 601 N Congress Ave Ste 410 Delray Beach, FL 33445

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

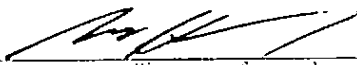
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

9-6-22



Signature of a member or authorized representative of a member

Moeen H Khalil

Typed or printed name of signer

2023  
SEP  
6  
PM 4:16  
FILED