118000270865

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COVER LETTER

TO: Registration Solution of Co.		•	•
Banana Ce	Hular LLC		, E
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LEVY, YAACOV		<i>i</i> .
		Name of Person	
	5948 WOODLANDS BL	Firm/Company	
			
	TAMARAC, FL 33319	Address	
	PERLZAKUT@ME.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please e	all:	
YAACOV LEVY		941 429-3055 at ()	
Name o	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 (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 **OF**

ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Banana Cellular LLC

	- , ,	•	
The Articles of Organization for this Limited Liability Company v	vere filed on 11/20/2018	and assigned	
Florida document number L18000270865			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
PEACH WIRELESS LLC			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		- <u>.</u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		ecords, enter the name of the i	
Name of New Registered Agent:			
N Davidsand CASS A Lla			
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 provisions of all statutes relative to the proper and complete p			

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>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			
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ective date, if other to effective date is listed, the date inserted ument's effective date	e date must be specific a in this block does no	ind cannot be prior to I meet the applicabl	date of filing or more e statutory filing r	(optional than 90 days after fifin equirements, this dat	g.) Pursuant to 605.020
record specifies a he 90th day after	delayed effective the record is filed	date, but not a	an effective tim	ie, at 12:01 a.m	on the earlier o
ed MAY 14		2019			
		Pe	-		
· · · · · · · · · · · · · · · · · · ·	Signature of	- novinka or surhand	ed representative of	a member	

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Filing Fee: \$25.00