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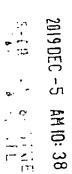
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COVER LETTER

TQ: Registration S Division of Co			
Miah Wire	cless of Altamonte Springs LLC	· · · · · · · · · · · · · · · · · · ·	
SUBJECT:	Name of Un	rted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul-	mitted for filing.	·
Please return all corresp	ondence concerning this matter	to the following:	
	Mohammed Shaha J Miah		
		Name of Person	
	Miah Wireless of Altamor		
	Firm Company		
	1411 Sand Lake Road, Su		
		Address	
	Orlando FL 32809		
	russe!! _4\(\alpha\) hotmail.com	City State and Zip Code	
		to be used for future annual report notification)	
For further information	concerning this matter, please c	all;	
Mohammed Shaha J M		407 666-7851	
Name of Person at (Area Code Daytime Telephone No	umber
Enclosed is a check for	the following amount:		
CL \$25.00 Filling Fee	.2 \$30.00 Filing Fee & Certificate of Status	Certified Copy Certadditional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy intonal copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C	Section Corporations	Registration Section Division of Corporations	
P.O. Box 63	27	The Centre of Tallahassee	
Tallahassee.	F1, 32314	2415 N. Monroe Street, Su Tallahassee, F1, 32303	ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

Miah Wireless of Altamonte Springs				
(<u>Name of the Limite</u> (d Liability Comp: A Florida Limited	any as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Lic		were filed on 11/27.	2018	and assigned
Florida document number 1.18000273479				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liah	oility company here:		
Miah Wireless of Oak Ridge LLC				<i>~</i> 2
The new name must be distinguishable and contain the we	ads "Lamited Labi	lity Company," the desig	mation "LLC" or the	aphreviatio 1lC.
Enter new principal offices address, if applicable:		4065 W. Oak Ridge	e Road	DEC THE
(Principal office address MUST BE A STREE)	"ADDRESS)			5
		Orlando, FL 32809		
				- ë <u>- "</u>
Enter new mailing address, if applicable:		1411 Sand Lake Re	ad, Suite C	- A 38
(Mailing address MAY BE A POST OFFICE B	(OX)			
		Orlando FL 32809		
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office : . here:	address on our reco	rds, <u>enter the nai</u>	me of the new registe
Name of New Registered Agent:	Mohammed Shaha J Miah			
New Registered Office Address:	4065 W. Oak I			
		Enter Florida :	street address	
	Orlando		Florida $\frac{3}{2}$	
		Cuy		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.

Mohamma Shaha J Miah.
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
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	is block does not n	neet the applica	ible statutory f	ir more than 90 de Hing requireme	_(optional) ivs after filing.) P nts. this date w	tursuant to 605.0207 (ill not be listed as t
he record specifies a delayed effe ord is filed.	ective date, but not	an effective ti	me, at 12;01 a,	m, on the earlie	r of: (b) The ^c	90th day after the
		No. Le.				
Dated	· · · · · · · · · · · · · · · · ·	, <u></u> 5014	<u>.</u> .			
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