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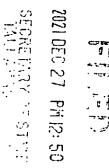
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Q. SILAS
JAN 10 2022

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COVER LETTER

Tallahassee, FL 32314

CHD IFCT.		S CONSULTANTS, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	n all correspo	ondence concerning this matter	to the following:			
		Certificate of Status (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
			Name of Person			
		WIRELESS CONSULTAN	NTS, LLC			
			Firm/Company			
		14118 Deljean Circle				
			Address			
		Orlando, FL 32828				
			City/State and Zip Code			
		-	to be used for future annual report not	ification)		
For further i	information c					
Sam Valdiv	'ia					
	Name o	if Person		ne Telephone Number		
Enclosed is	a check for the	he following amount:				
□ \$25.00		\ .	Certified Copy	Certificate of Status & Certified Copy		
	ailing Addres		Street Address: Registration Se	ection		
Di	vision of C	Corporations	Division of Co.	rporations		
P.0	O. Box 632	27	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2021 DEC 27 PM 12: 50

WIRELESS CONSULTANTS, LLC

NSULTANTS, LLC

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

(X Florida Limited Liability Company)

Florida document number 11. 1002 1007	
Florida document number $\frac{\text{L19000278831}}{\text{This amendment is submitted to amend the following:}}$	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited 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 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:	<u>pistered</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida, 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability	nd

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>	Address	Type of Action
MANAG	FABIO, MARTINS R	6028 HIGHPLACE CIRCLE, DALLAS TX 75254	□Add
			=Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
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ective date, if other than to effective date is listed, the date is test. If the date inserted in this nument's effective date on the	nust be specific and cam block does not meet	not be prior to da the applicable	te of filing or mor	than 90 days after f	filing.) Pursuant to 6	05.020 sted as
cord specifies a delayed effects filed.	tive date, but not an e	effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day af	ter the
ed	21	021				
eu	Signature of a memi	··				
	j					
$\langle S_{n-1} \rangle$	Signature of a memi					

Filing Fee: \$25.00