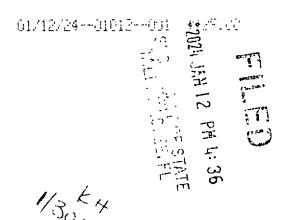


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Office Use Only





COVER LETTER

TO: Registration : Division of C		
SUBJECT:	Meditel Wireless, LLC Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	Name of Person Liszt Low, PA Firm/Company 433 Plaza Real #339 Address Boca Raton, FL 33432 City/State and Zip Code Osh Q Liszt Lawpa. com E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Toshno	at (561) 400 - 9053 Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:	9.8
\$25.00 Filing Fee	the following amount: S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Meditel Wi	reless,	LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears Liability Company)	on our records.)	***	- -	
The Articles of Organization for this Limited Liability Companiforida document number <u>L2000054555</u>	y were filed on	2/18/2	o and	1 assign	ied
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	bility company her	<u>·e</u> :			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the des	signation "LLC" or the	abbreviation	n "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)			-	<u>.</u>	
			(n	202	
B. If amending the registered agent and/or registered office	address on our rec	cords, enter the nar	me of the	new ro	egistered
agent and/or the new registered office address here:				2 PH	
Name of New Registered Agent:			1,7 (r)	<u> </u>	
New Registered Office Address:			J. T.	36	
	Enter Florid	la street address			
		Florida			
	City		Zip Ce	xle	
New Registered Agent's Signature, if changing Registered Agent:	_				
I hereby accept the appointment as registered agent and agr	ree to act in this co	macity I further a	mee to ce	moles	with the

I never 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
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reffective date is list <u>te:</u> If the date insc	ed, the date must be specificated in this block does date on the Department	fic and cannot be prior not meet the applic	able statutory filir	iore than 90 days after	filing.) Pursuant to 605	.0207 ed as i
cord specifies a de	layed effective date, bu	ut not an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day after	the
s filed.						
ed Decom	Gew / Signature	2023	<u> </u>			
		215	-			
	Signature	of a member or author	rized representative	of a member		
	2	_				
		RIDA	BENTA d name of signee	113		

Filing Fee: \$25.00