

H200003243163ABCV

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.

Account Number : I20160000091 Phone : (305)635-9694 Fax Number : (305)635-9868

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

0 SEP 17 AM 10: 1

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D SUPER MEGACUTZ LLC

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SEP 1 8 2020

S. YOUNG

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ARTICLES OF AMENDMENT TO

H 200003243163

ARTICLES OF ORGANIZATION OF

D 500	ver Megacute // (
(Name of the Limited Light (A Florid	lity Company as it now appears on our records da Limited Liability Company)	2020
The Articles of Organization for this Limited Liability Florida document number	<u>l</u>	20 Spigned T AH 10: 1
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter t</u> :	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		orida
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

09-17-20; 12:48 ; From: Service! To: 8505176383 ; 3056359868 # 3/ 4

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 H200003243163

<u> Title</u>	Name	Address	Type of Action
MGR	Solozor, Heriberto	18660 NW 79C+	
		Miami, FL 33015, US	Remove
			Change
			□Add
			□Remove
			□ Change
		🗆 Add	
			□Remove
		□Change	
		□Add	
			□Remove
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			🗀 Add
			🗆 Remove
			🗆 Change
			□Remove
		20000 3747	Change
			1//

H 20000 3243163

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing: cetive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	d 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
Dated	September 17, 2020. Signature of a member or authorized representative of a member
	Lorumo Valdon
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00