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(Requestor's Name)
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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations	_				
SUBJECT:	ABLIC Wireless	. 11c				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	•	Name of Person				
	Public W.	Firm/Company				
	3208 Ella	2ABENI STREE	-T			
		City/State and Zip Code Public Layreless 11c to be used for future annual report not	77,			
	E-mai (address: (to be used for future annual report not	(COP)			
<i>a</i>	concerning this matter, please ea					
Ysm/	WATSON	at (<u>321</u>) <u>536 -</u> Area Code Daytin	- 8/49 ne Telephone Number			
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of 3	-			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

	ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2 (XXX) 376.090</u>	ny were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	
Enter new principal offices address, if applicable:	BIZB PENSALOUA BIOD PENSALOUA FZ 32534
(Principal office address MUST BE A STREET ADDRESS)	PENSALOLA FZ 32534
Enter new mailing address, if applicable:	3208 EULABETH STREET
(Mailing address MAY BE A POST OFFICE BOX)	3208 EULABRIN STREET MELBONINE FL 32904
agent and/or the new registered office address here:	ee address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	ElizaBeth STREET
	toller Florida street address
MULE	City , Florida 32904 Zip Code
New Registered Agent's Signature, if changing Registered Agei	nt:

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

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 Title <u>Address</u> Type of Action Name MGR Crysim Warson 3208 EINABETH STREET DANG Mc/bourne Florion 32904 | Remove _____ X hange AMBR CYSTAL FLANNING 8128 PENSACOLA BIVD DAD PENSALOLA FLORIDA 32534 DREMOVE _____ □Change MbR Comordon Wasser 3208 EIIZABETH STREET FAILD

Mc/barne Fr 32904 PRemove MGR MATHAN WOOD 8128 PENSALOLA BIND FAND PEWSALOLA FLORIDA 32534 PRemove ____ □Change Remove

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Filing Fee: \$25.00