L22 000 036 201

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(engreuterzipi none ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only

A RIVERS

DEC 2 1 2029



700395312007

10/83/22--01014--018 **55.00



COVER LETTER

	Registration Se Division of Cor			
eup ire	OPEN SKY	WIRELESS, LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		PETER D MANN		
			Name of Person	
			Firm/Company	
		5201 SPRUCE AVENUE		
			Address	
		WEST PALM BEACH, FI	_ 33407	
			City/State and Zip Code	
		peter@petersgoods.com		·
Use finiha	r information o	E-mail address: (oncerning this matter, please c	to be used for future annual report not	(fication)
		oncerning this matter, prease co		
PETER D			561 818-0000 at () Area Code Daytin	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Hailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C	orporations	Division of Co	rporations
	P.O. Box 632 Fallahassee, I		The Centre of T	Fallahassee oe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPEN SKY WIRELESS, LLC		
(Name of the Limited Liability	(Company as it now appears on our records.)	
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/19/2022	and assigned
Florida document number L22000036201	~ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter the	name of the new register
New Registered Office Address:	Enter Florida street address	
	THE T TO HAY SITE HEAD ESS	?2 (
	, Florida	a
	City	Zip Cqde
New Registered Agent's Signature, if changing Registered	Agent:	C)
hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co	mplete performance of my duties, and I a	am fámilia t w ith and
accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	ent as provided for in Chapter 605, F.S. I office address, I hereby confirm that th	Or, 1141118 arcument is e limited liability

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
			□Add
			□Remove
			□Add
			□Remove
		· · ·	
			🗖 Add
		·	□Remove
			□Change
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			DAdd
			□ Remove
			Charge

L —	
	LC AND AS SUCH ALL OWNERSHIP IN OPEN SKY WIRLESS LLC SHALL BE TRANSFERED TO
P	EETER'S GOODS LLC. THE TAX ID FEI/EIN OF PETER'S GOODS IS 82-2050286
_	
_	
_	
_	
_	
_	
_	
-	
_	
_	
_	
fan effe <mark>Note:</mark> I	cetive date, if other than the date of filing:
record Lis tild	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 ed.
Dated S	SEPTEMBER IST 2022
	$\frac{1}{2}$

Filing Fee: \$25.00

Typed or printed name of signce