123000411528

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COVER LETTER

TO: Registration S Division of Co					
	ELESS LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	HASSAN ROSTOM				•
		Name of Person		2023 SE1	4-
	HAS WIRELESS LLC			2023 NOV SEGILLA	
		Firm/Company			-
	2966 CLEVELAND AVE			SSEE A	
		Address		9: 36 STATE E, FL	
	FORT MYERS,FLORIDA	. 33901		TE 36	
	TAXWORKUSA@GMAIL	City/State and Zip CodeCOM to be used for future annual report notific	ration)		
For further information	concerning this matter, please c	all:			
HASSAN ROSTOM		239 851-1333 at ()			
Name (of Person		Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addre Registration Division of (Section Corporations	Street Address: Registration Sect Division of Corpo	orations		
P.O. Box 6327		The Centre of Ta	Hahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAS WIRELESS LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Florida document number L23000411528	Company were filed on 09/01/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		s 20
(Principal office address MUST BE A STREET ADD	RESS)	
		H T
Enter new mailing address, if applicable:		SSE AN
(Mailing address MAY BE A POST OFFICE BOX)		110 o
		26 26
B. If amending the registered agent and/or registered	ed office address on our records, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 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>	Name	Address	Type of Action		
MGR	HASSAN ROSTOM	2966 CLEVELAND AVE	□Add		
		FORT MYERS, FL. 33901	■Remove		
			□Change		
			□Add		
			□ Remove		
			☐ Change		
			ALL Remove		
			SSEICHÉIGE IN		
			9: 36 STAFE		
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11/01/20	23	lame	ional)	
ffective date, if other than the date of filing:	or to date of filing or r	nore than 90 days afte	ional) er filing.) Pursuant to	605.02
Sote: If the date inserted in this block does not meet the app ocument's effective date on the Department of State's record		ng requirements, th	is date will not be	listed
· · · · · · · · · · · · · · · · · · ·				
record specifies a delayed effective date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day	after tl
l is filed.				
NOVEMBER 03 2023				
ated NOVEMBER 03	·			
17.5	/			

Filing Fee: \$25.00