

MI9 0000 11868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

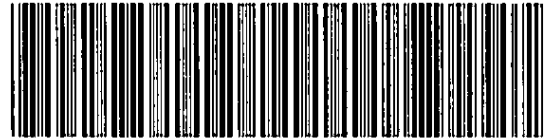
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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JUN 24 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** xCell Mobile, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis Gabriel Salazar Munoz

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3774 Caesar Rd

\_\_\_\_\_  
Address

North Port, FL 34288

\_\_\_\_\_  
City/State and Zip Code

iws.computers@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

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1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Delaware

Enter new principal office address, if applicable:

Luis Gabriel Salazar Munoz

(Principal office address

MUST BE A STREET ADDRESS)

3774 Caesar Rd

North Port FL, 34288

Enter new mailing address, if applicable:

Luis Gabriel Salazar Munoz

(Mailing address

MAY BE A POST OFFICE BOX)

3774 Caesar Rd

North Port FL, 34288

2. The Florida document number of this limited liability company is: M19000011868

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/13/2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Luis Gabriel Salazar Munoz

New Registered Office Address: 3774 Caesar Rd

*Enter Florida Street Address*

North Port

Florida

34288

*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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Florida (Also submitted Articles of conversion + Articles of Organization)

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Luis Gabriel Salazar Munoz - Managing Member

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Illyria Equity Partners Fund I, LP	401 E Jackson, Ste. 3300	<input type="checkbox"/> Add
		Tampa, FL 33602	<input checked="" type="checkbox"/> Remove
AMBR	Luis Gabriel Salazar Munoz	3774 Caesar Rd	<input checked="" type="checkbox"/> Add
		North Port FL, 34288	<input type="checkbox"/> Remove
MGR	Ilirian Ameti	1251 E Fowler Ave, Suite B1	<input type="checkbox"/> Add
		Tampa, FL 33612	<input checked="" type="checkbox"/> Remove
MGR	Luis Gabriel Salazar Munoz	3774 Caesar Rd	<input checked="" type="checkbox"/> Add
		North Port FL, 34288	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Luis Gabriel Salazar Munoz

Typed or printed name of signee

Filing Fee: \$25.00