

LOG 000012741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

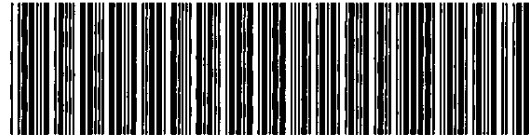
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900254793889

12/23/13--01025--014 **25.00

RECEIVED
FEB 14 2014 10:07 AM

2013 DEC 23 PM 1:07

FILED

DEC 30 2013

CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOBILE ASSURANCE SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA. C. VALENCIA

Name of Person

MOBILE ASSURANCE SERVICES LLC

Firm/Company

8267 N. PINE ISLAND RD

Address

TAMARAC, FL 33321

City/State and Zip Code

mobileflorida@bellsouth.net

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

For further information concerning this matter, please call:

ANA C. VALENCIA

Name of Person

at (954) 593-4973

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 FEB 23 PM 1:07

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

MOBILE ASSURANCE SERVICES 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 Company were filed on 02/06/2006 and assigned Florida document number L06000012741.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

ANA C. VALENCIA

New Registered Office Address:

8267 N. PINE ISLAND RD

Enter Florida street address

TAMARAC

, Florida

33321

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EUGENIO PERICHI	16428 SAPPHIRE PL WESTON, FL 33331	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	VALENCIA, ANA C	16428 SAPPHIRE PL WESTON, FL 33331	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	VALENCIA, ANA C	826T N. PINE ISLAND RD TAMARAC, FL 33321	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	VALENCIA, ANA C	826T N. PINE ISLAND R TAMARAC, FL 33321	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated DECEMBER 18, 2013.

Signature of a member or authorized representative of a member

ANA C. VALENCIA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC 23 PM 1:08

2013 DEC 23 PM 1:08