

L08000012975

(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



100146408401

03/20/09--01036--010 \*\*60.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 16 PM 2:37

T. HAMPTON

APR 17 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MOB MANAGEMENT**  
(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:

MARVIN SOMARRIBA  
(Name of Person)  
MOB MANAGEMENT  
(Firm/Company)  
141 NE 3 AVE  
(Address)  
MIAMI, FL 33132  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARVIN SOMARRIBA at 786, 337-1428  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 APR 16 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 3, 2009

MARVIN SOMARRIBA \*\*\*\*\* 2ND MAILING \*\*\*\*\*  
141 NE 3 AVE  
10TH FLOOR  
MIAMI, FL 33132

SUBJECT: M.O.B. MANAGEMENT, LLC.  
Ref. Number: L08000012975

We have received your document for M.O.B. MANAGEMENT, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 709A00009716



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2009

MARVIN SOMARRIBA  
141 NE 3 AVE  
MIAMI, FL 33132

SUBJECT: M.O.B. MANAGEMENT, LLC.  
Ref. Number: L08000012975

RECEIVED  
09 APR -3 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for M.O.B. MANAGEMENT, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 709A00009716

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MOB MANAGEMENT

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 16 PM 2:37

The Articles of Organization for this Limited Liability Company were filed on 02/05/2008 and assigned Florida document number L08000012975.

This amendment is submitted to amend the following:

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

N/A

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)

141 NE 3 AVE  
MIAMI FL 33132  
10<sup>TH</sup> FLOOR

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

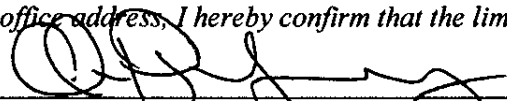
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: OSCAR RODRIGUEZ  
New Registered Office Address: 141 NE 3<sup>RD</sup> AVE 10<sup>TH</sup> FLOOR  
*(Enter Florida street address)*  
MIAMI, Florida 33132  
*(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

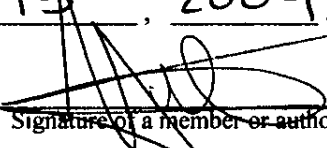
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OSCAR RODRIGUEZ	1747 SW 136 PL MIAMI, FL 33175	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARVIN SOMARRIBA	1747 SW 136 PL MIAMI, FL 33175	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 16 PM 2:37

Dated MARCH 19, 2009.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
MARVIN SOMARRIBA  
\_\_\_\_\_  
Typed or printed name of signee