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	Division of Co	rporations	
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From:			, , , , , , , , , , , , , , , , , , ,
	Account Name	: KIM MARKS CPA	:: -
	Account Number	: 120120000072	·_ ·· _
	Phone	: (305)895-5815	
	Fax Number	: (305)895-6273	. <u> </u>
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•*Fnter	the email addres	ss for this business entity to be	used for future
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Corporate Filing Menu

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4190002498693

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SELFMOUNT MOBILITY LLC		
(Name of the Limited Liphi (A Fiori	lity Company as it now appears on our recorda Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document numberL10000115705	Company were filed on11/05/2010	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 "Li	mited Liability Company "the designation "LE	Con or the abbreviation "I-1 C"
the new man of distinguishable and contain the world	mined salishing company, the designation is:	or die addievation E.E.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	- P
		: - 19
		· 2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	Ţ	Plorida
	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

1/2019 7, 10 21 AM PST (GMT-8) FROM 3058955273-TO 18506176383 Page. 4 of 6

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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	Natalia Zhigareva	16047 Collins Ave Unit 1604 Sunny Isles Beach FL 33160		■ Add
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he rec The	ord specifies 90th day aft	a delayed efferer the record i	ective dat s filed.	e, but not	an effective	time, at 12	:01 a.m. on th	e earlier of:
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	<u>Clean</u>	Signa	ture of a mei	nber or authori	ized tepresentati	ve of a member		·

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