Division of Corporations **Electronic Filing Cover Sheet**

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(((H110000405963)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : CAUTHEN AND FELDMAN, P.A.

Account Number: I19980000085

Phone : (352)343-2225

Fax Number

: (352)343-7759

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COVER LETTER

TO:	Registration S Division of Co	ection rporations			
SUBJI	ect.	Mobil	e CFO, LLC		
5050			ted Liability Company		
		f Amendment and fee(s) are sub condence concerning this matter	_		
			David Hill		7.4. 20
			Name of Person		
		Orla	ndo Industrial Tool, LLC		2011 FEB 15 PH 12: 5
			Firm/Company		88 D
		5	33344 Irongate Drive		
			Address		୍ଦ୍ରୀନ ଆଧ
		:	Leesburg, FL 34788		三
			City/State and Zip Code		
		da	vidfl34788@aol.com	-1	
	de la companya de la	•	o be used for future annual report notifica	mon	
For tu	nter information	concerning this matter, please c	afi:		
		David Hill	at (352) 2 Area Code & Daytime	50-6033	
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclos	sed is a check for	the following amount:			
	5.00 Filing Fee	[7]\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
		LING ADDRESS: tration Section	STREET/COURIE Registration Section		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MOBIL	E CFO, LLC				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now an ted Liability Compa	<u>Dears on our reco</u> ny)	rds.)	_	
The Articles of Organization for this Limited Liability Comp	oany were filed on	November 3	30, 2010 and	1 assigne	∌ d
Florida document number <u>L10000123205</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company	here:			
ORLANDO INDU	STRIAL TOOLS	S, LLC	_		
The new name must be distinguishable and end with the words "LL.C."	Limited Liability Co	mpany," the design	nation "LLC" or	the abbro	viation
Enter new principal offices address, if applicable:			<u> </u>	2	
(Principal office address MUST BE A STREET ADDRESS	<u></u>		F.C.	=	
		<u></u>	<u> </u>	<u> </u>	- FEET
			ARY SSE	<u>5</u>	Phone:
Enter new mailing address, if applicable:			, mo		
(Mailing address MAY BE A POST OFFICE BOX)			1 (4,	_ <u></u>	
			⊉≥	 	
			1		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		m our records,	enter the pan	ie of th	е пеж
Name of New Registered Agent:	***				
New Registered Office Address:					
		Enter Florida st	reet address		
		, F10	orida		
	City		Zip (Sode	
New Registered Agent's Signature, if changing Registered Ag	ent:				

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

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MGR = Manager

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:

Title	Name	Address	Type of Action
	-,		Add Remove
			T Bomount
			Add Co
			Add Remove
). If amen	ding any other information, enter	change(s) here: (Attach additional she	-
	February 15	2011	
	7	2011 Sw. (fell nember or authorized representative of a m	ombor

Page 2 of 2

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