Florida Department of State Nivis of Orcorpolations State Cover shear

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To:	Division of Corporations Fax Number : (850)617-6383	SETARY AHASSE	MAR I 7
From:			三

Account Nama : FASTKIT CORP Account Number : I201,00000009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MOBI USA LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears an our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L13000009287	pany were filed on JANUARY 17, 2013	and assigned
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 contain the words "Limited I	Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
•		A Z
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		97 A
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address?	l office address on our records, <u>enter t</u> h <u>ere</u> :	he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

1.

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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