

# L13000051248

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

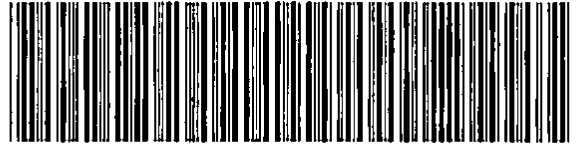
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
2019 AUG -5 AM 9:11  
SECTION OF STATE  
TALLAHASSEE, FL

AUG 09 2019

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOVILARIS 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:

LUIS E GUBLER HERRERA  
 \_\_\_\_\_  
 Name of Person

MOVILARIS LLC  
 \_\_\_\_\_  
 Firm/Company

1100 SOUTH MIAMI AVE APT 5008  
 \_\_\_\_\_  
 Address

MIAMI FL 33130  
 \_\_\_\_\_  
 City/State and Zip Code

LGUBLER@GMAIL.COM  
 \_\_\_\_\_  
 E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS E GUBLER HERRERA                      305                      420 5722  
 \_\_\_\_\_ at (                      ) \_\_\_\_\_  
 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

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

MOVILARIS 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 04/08/2013 and assigned Florida document number 1.13000051248.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

1100 S MIAMI AVE APT 5008

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI FL 33130

**Enter new mailing address, if applicable:**

1800 SW 1ST ST STE 216

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI FL 33135

**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:

LUIS E GUBLER HERRERA

New Registered Office Address:

1800 SW 1ST ST STE 216

*Enter Florida street address*

MIAMI

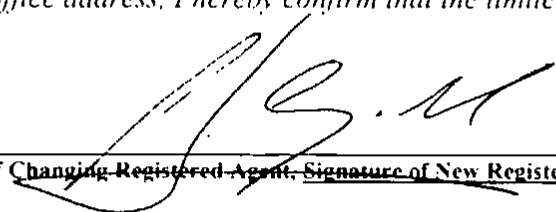
*City*

Florida 33135

*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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUIS E GUBLER HERRERA	1100 S MIAMI AVE APT 5008	<input type="checkbox"/> Add
		MIAMI FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

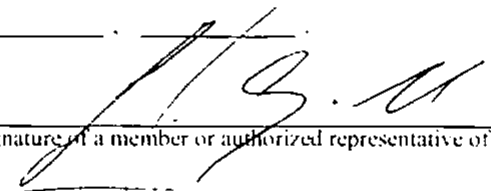
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 07/31/2019 \_\_\_\_\_

  
Signature of a member or authorized representative of a member

LUIS E GUBLER HERRERA

Typed or printed name of signee