## L14000020815

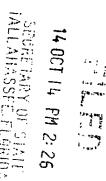
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** APP FACTORY MOBILE, LLC SUBJECT: 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: Mark Kole Name of Person App Factory Mobile, LLC Firm/Company 3723 Shamrock Drive Address Venice, FL 34293 City/State and Zip Code mark@appfactory.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 941 786-2407 Mark Kole Name of Person

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

	P FACTORY I	,		
(Name of the Limite	d Liability Compar A Florida Limited L	y as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Lie Florida document numberL14000020815	ability Company	were filed on02/04/2014	and assig	gned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
same - no change				
The new name must be distinguishable and end with the v	vords "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.	L.C."
Enter new principal offices address, if applica	ible:			
(Principal office address MUST BE A STREE	TADDRESS)	same - no change		·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	same - no change		
B. If amending the registered agent and/oregistered agent and/or the new registered of			er the name o	f the nev
Name of New Registered Agent:	same - no	change	AHASA AHASA	· /*v
New Registered Office Address:	same - no	change	SS F	Zumar d
<u> </u>		Enter Florida street address		
		, Florida		11111
		City	Zip Carrie	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WALSH, BRIAN P.	911 CRESTWOOD COUP	RT □ Add
		STREAMWOOD, IL 601	07 Remove
MGR	KOLE, MARK	2495 CARING WAY SUITE	D □ Add
		PORT CHARLOTTE, FL 33952 U	Remove
		· · · · · · · · · · · · · · · · · · ·	
			□ Remove
			14 PM STUPE TARY OF ALLIAHASSIVE
			100 Age 175
			Add
		······································	Remove

If amending any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)
	W. A. T
Effective date, if other than the date of filing. The effective date must be specific, cannot be prior to do the date this document is filed by the Florida Department.	late of receipt or filed date and cannot be more than 90 days after
Dated October 1	<u>2014</u> .
Signature of a	a member or authorized representative of a member
Brian P. Walsh	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

350RETARY OF STATE
TALL AHASSET FIREIT