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Office Use Only



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## **COVER LETTER**

Division of Cor	porations		•	,
Mobile Tee	ths of South Florida LLC			
SUBJECT.	Name of Lin	nited Liability Company	<del></del> -	2023
				1501
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		<u> </u>
Please return all correspo	ondence concerning this matter	to the following:		322 244
	Luis Ferrer			<del></del>
		Name of Person		
Mobile Techs of South Florida LLC				
		Firm/Company		
	12438 Wiles Road			
		Address		
	Coral Springs, FL 33067			3. Co
		City/State and Zip Code		
	luis@mobiletechs-tl.com			
	E-mail address: (	to be used for future annual report no	ification)	
For further information e	oncerning this matter, please c	all:		
Luis Ferrer		954 702-5410 at ( )		
Name o	t Person		ne Telephone Number	
Enclosed is a check for the	ne 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 State Certified Copy (additional copy is encl	

.

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 13 /

Mobile Techs of South Florida ELC		· (2)
	Hitty Company of the same	<u> </u>
(A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on January 15, 2020	and assigned
Florida document number L20000021915	·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Mobile Techs LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORFSS)	
Time of the substitution o		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del>,,</del>	
3. If amending the registered agent and/or register	ed office address on our records, <u>enter the n</u>	ame of the new regist
gent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Liner Fiorina street adaress	
	, 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jayleen Ferrer	12438 Wiles Road, Coral Springs, FL 33067	<b>≝</b> Add
			□Remove
			□ Change
	<del></del>		□ Add
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		— . <u>— .     .     .     .     .     .     .     .     .     .                                        </u>	□Change

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