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T. CLINE JUN 2 7 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co			•	a.	
SUBJECT: MOBILITY UNLIMITED LLC						
50 <b>B</b> 01						
The en	closed Articles of	· f Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			WILLIAM SAADE	·		
			Name of Person			
MOBIL			BILITY UNLIMITED LL	Ċ		•
	Firm/Company					
413 W HALLANDALE BEACH BLVD					•	
Address						
	3009					
City/State and Zip Code						
		MOBILITY E-mail address: (	UNLIMITED@HOTMA to be used for future annual repor	IL.COM t notification)	2011 JUH 24 PK SECRETARY OF TALLAHASSEE.	eneralies.
For fur	ther information	concerning this matter, please o	all:		至	FINESTS A
					24 SSE	111111111
WILLIAM SAADE  Name of Person		at ( 954 )	4577433 Daytime Telephone Number	THE TREE	£	
	· Name	of t classif	Alta Code de L	oayume receptone remocr	STATE STATE	
Enclos	ed 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 end	closed) Certified	e of Status &	l)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/CO Registration of O Division of O Clifton Build	Corporations			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

## MOBILITY UNLIMITED 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 I	Liability Company were	filed on DECEMBER 5	TH 2000 and assigned	
Florida document numberL0000001	4971			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability	company here:		
	N/A			
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited L	iability Company," the designa	ation "LLC" or the abbreviation	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	/or registered office a	address on our records, <u>s</u>	SECRETARY OF STATE PRIDE the new enter the name of the new	
Name of New Registered Agent:	N/A	,		
New Registered Office Address:				
	,	Enter Florida street address , Florida		
	•			
	Cit		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 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