

4050009752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400199481204

04/01/11--01027--029 \*\*30.00

FILED  
11 APR 11 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 12 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2011

STEFAN LATT  
8874 CARLYLE AVE  
SURFSIDE, FL 33154

SUBJECT: MOBILITYWORLD LIMITED LIABILITY COMPANY  
Ref. Number: L05000097521

FILED  
11 APR 11 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MOBILITYWORLD LIMITED LIABILITY COMPANY and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PA." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a professional limited liability company must end with P.L., P.L.C., P.L.L.C., PL, PLC, PLLC, PROFESSIONAL LIMITED COMPANY, CHARTERED, or PROFESSIONAL LIMITED LIABILITY COMPANY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 311A00008063

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Name Change for MobilityWorld 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:

Stefan Latt

Name of Person

Firm/Company

8874 Carlyle Ave

Address

Surfside FL, 33154

City/State and Zip Code

stefan.miami@gmail.com

E-mail address: (to be used for future annual report notification)

FILED  
11 APR 11 PM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Stefan Latt

Name of Person

at ( 305 )

951 60 47

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**

**MOBILITYWORLD LIMITED LIABILITY COMPANY**

(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 10/04/2005 and assigned  
Florida document number L05000097521.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Stefan Latt ~~LLC~~ LLC *SL*

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

No Change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

No Change

FILED  
11 APR 11 PM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Stefan Latt

New Registered Office Address:

No Change

*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 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**

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

MGR = Manager

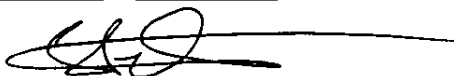
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated March 29, 2011



Signature of a member or authorized representative of a member

Stefan Latt

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED  
 11 APR 11 PM 11:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA