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· (Add	lress)	
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(City	//State/Zip/Phone	e #)
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G. MCLEOD

MAY 21 2010

EXAMINER



700181030967

05/20/10--01009--001 **25.00

COVER LETTER

TO: Registration Section Division of Corporations				
	25			
SUBJECT: _			oiliplus, LLC	
		Name of Limi	ited Liability Company	
The enclosed A	articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return al	li correspo	ndence concerning this matter	r to the following:	
			Susanne Berger	
			Name of Person	
			Mobiliplus III C	
Mobiliplus, LLC Firm/Company				
		·	7920 SW 89 Terrace	
			Address	
		J	Miami, Florida 33156	
			City/State and Zip Code	
		E mail addraga: (usan.berger@gmx.ch to be used for future annual report no	tification)
				incation)
For further info	ormation c	oncerning this matter, please of	call:	
	Sus	sanne Berger	at (305)	934-1936
	Name o	f Person	Area Code & Dayti	me Telephone Number
Enclosed is a c	heck for th	ne following amount:		
▼ \$25.00 Filin	ng Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUI Registration Section of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Mobilipl	us, LLC			
(<u>Na</u>	me of the Limited Liability Compa (A Florida Limited	ny as it now appe Liability Company	ears on our records.)		
The Articles of Organization (or this Limited Liability Company	y were filed on _	August 29, 2007	and assig	gned
Florida document number	L07000088735				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited liab	bility company h	ere:		
The new name must be distingu "L.L.C."	ishable and end with the words "Lim	nited Liability Com	pany," the designation "LI	.C" or the ab	breviation
Enter new principal offices	address, if applicable:				_¥ Z
(Principal office address MU	ST BE A STREET ADDRESS)			<u>X</u>	SSS
				~~	(3)
				0	5-0
Enter new mailing address,	if applicable:	 		<u> </u>	्या अन्य हो। सहस्राप्त
(Mailing address MAY BE A	POST OFFICE BOX)			<u>.</u>	<u> </u>
					<u> </u>
					£
	ered agent and/or registered o new registered office address he		our records, enter th	e name of	the nev
registered agent and/or the	new registered office address ne	<u> </u>			
Name of New Regis	tered Agent:				
New Registered Off	ice Address:				
-		i	Enter Florida street addre	ess	
			, 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:

Q,

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Susanne Berger	7920 SW 89 Terrace Miami, Florida 33156	✓ Add Remove
<u>P</u>	Susanne Berger	7920 SW 89 Terrace Miami, Florida 33156	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·	 		Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
			_
			- -
Dated	May 5.	<u>2010</u> .	
	() Signature of a	member or authorized representative of a member Manfred Berger Typed or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00