# L08000012975

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09 APR 16 PH 2: 37

SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

APR 1 7 2009

**EXAMINER** 

### **COVER LETTER**

	gistration Sec vision of Corp		·
SUBJECT:	Mo	3 MANAGEMENT	
		(Name of Limited Liability Company)	<del></del>
The enclose	d Articles of A	Amendment and fee(s) are submitted for filing.	
Please return	n all correspon	ndence concerning this matter to the following:	
		MARVIN SOMARRIBA (Name of Person)	
		(Name of Person)	***
		MOB MANAGEMENT (Firm/Company)	<del></del>
		141 NE 3 AVÉ	
		(Address)	<del></del>
		MIAMI FL 33132 (City/State and Zip Code)	<u> </u>
		/ (City/State and Zip Code)	
For further i	information co	oncerning this matter, please call:	
MAR	111	SOMARRIBA at (786) 337 - 14  (Area Code & Daytime Telephone N	28
	(Name of	of Person) (Area Code & Daytime Telephone N	umber)
Enclosed is	a check for the	e following amount:	
□ \$25.00 F	Filing Fee	Certificate of Status Certified Copy / Cert (additional copy is enclosed) Cert	0 Filing Fee, ifficate of Status & tified Copy litional 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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 APR 16 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 3, 2009

MARVIN SOMARRIBA 141 NE 3 AVE 10TH FLOOR MIAMI, FL 33132 \*\*\*\*\* 2ND MAILING \*\*\*\*\*

SUBJECT: M.O.B. MANAGEMENT, LLC.

Ref. Number: L08000012975

We have received your document for M.O.B. MANAGEMENT, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 709A00009716



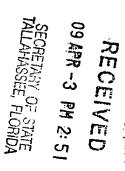
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2009

MARVIN SOMARRIBA 141 NE 3 AVE MIAMI, FL 33132

SUBJECT: M.O.B. MANAGEMENT, LLC.

Ref. Number: L08000012975



We have received your document for M.O.B. MANAGEMENT, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 709A00009716

## ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

MANAGE MENT 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 OZ 05 2008 and assigned Florida document number \_ L 08000012975

This amendment is submitted to amend the following:

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

u'	\ A	٠
***************************************		-

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:	141	NE 3	AVE
(Principal office address MUST BE A STREET ADDRESS)	MIAMI	FL	33137
	IDTH	FLOOR	

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:

OSCAR RODRIGUE

141 NE 3RD AVE 10'

(Enter Florida street address) Name of New Registered Agent:

New Registered Office Address:

#### 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 **Title Type of Action** <u>Name</u> <u>Address</u> OSCAR RODRIGUEZ Add A Remove MARVIN SOMARRIBA 🗂 Add Remove ☐ Add ☐ Remove ☐ Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH Dated Signature of a member or authorized representative of a member MARVIN SOMARRIBA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00