

L08000092 579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

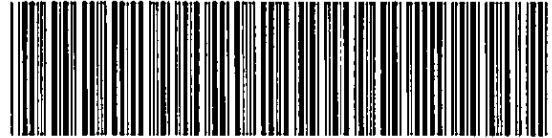
(Business Entity Name)

(Document Number)

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2018 MAY 14 P 2:19

CLERK OF COURT
HALL COUNTY, FLORIDA

5/14/18 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B3D ADVERTISING, 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:

Ben Boulet

Name of Person

B3D ADVERTISING, LLC

Firm/Company

3178 WEST COMMERCIAL BLVD.

Address

TAMARAC, FL 33309

City/State and Zip Code

FINANCE@QUEST-COMM.COM

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

For further information concerning this matter, please call:

Ben Boulet

954 815-5678
at ()

Name of Person

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

FILED
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TALLAHASSEE, FL
FAC. LAMARCA

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

B3D ADVERTISING, 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 Liability Company were filed on 09/30/2008 and assigned
Florida document number L08000092579.

This amendment is submitted to amend the following:

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

Tech Mobile Retail LLC

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

Enter new principal offices address, if applicable:

3645 NW 19th Street

(Principal office address MUST BE A STREET ADDRESS)

Lauderdale Lakes FL 33311

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:

Name of New Registered Agent:

New Registered Office Address:

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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
S	Ben Boulet	3178 W Commercial Blvd	<input type="checkbox"/> Add
		Tamarac FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Ben Boulet	3178 W Commercial Blvd	<input type="checkbox"/> Add
		Tamarac FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	Ohad Wittner	3645 NW 19th Street	<input checked="" type="checkbox"/> Add
		Lauderdale Lakes FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2016
MAY 11
CLERK OF DISTRICT COURT
DADE COUNTY
FLORIDA

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

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KILAH-SSILET

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F. Effective date, if other than the date of filing: asap (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 10

2018

Signature of a member or authorized representative of a member

Ben Boulet

Typed or printed name of signee