90000 187777

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)	,		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
<i>'</i>				

Office Use Only

M. 18447



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03/05/09--01007--006 **25.00

M. THOMAS

MAR 31 2009

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp	tion orations	₩.		
SUBJI	ECT:	Mubile (Name of Lin	nited Liability Company)	·	
The en	closed Articles of A	mendment and fee(s) are su	bmitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		DEBR MODE	(Name of Person) (Firm/Company)	enp_	
		P.O.Box PORT ChA	(Address) (Address) (City/State and Zip Code)	3999-4517	09 HAR 30 AM IO: 18
For furt	ther information cor	ncerning this matter, please o	all:	. Fe	OF 91
	DEBRA (Name of	Throt Person)	at (<u>74/)</u>	elephone Number)	A R
Enclose	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 enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	d)

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

March 6, 2009

DEBRA IHNOT PO BOX 494517 PORT CHARLOTTE, FL 33949-4517

SUBJECT: MOBILE NP, LLC Ref. Number: L09000018777

We have received your document for MOBILE NP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 609A00007815

09 MAR 30 AM 10: 18

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mab. Le	NPLLC	
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		50 多 亚
(Principal office address MUST BE A STREET ADDI	RESS)	ESSEE C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AM D: 18
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ds, enter the name of the new
Name of New Registered Agent: D	EBRA IHNOT	<u> </u>
New Registered Office Address:		
	(Enter Floria	la street address)
	(7)	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 = Mana MGRM = Ma	ger naging Member		
Title	<u>Name</u>	Address	Type of Action
•	John Ihnot	248 IQUITOS ST PORT Chira 10 11-e 33983	Add Remove
			Add Remove
			Add Remove
			Add Remove
			09 HAR 30 AM ID: 19 SECTION OF STATE TAKE PLANSSEE & PARIS
<u></u>			Add SALE
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
	·		- -
Dated	3-24 200°	Plust	_
-	DEBRI	Tauthorized representative of a member Thudt r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00