# L0400025373

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECKELANC OF STATE

J. HARRIS

### **COVER LETTER**

TO: Registration Se Division of Cor		•			
	LITY STORE, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	RENEE R. NAKHOUL				
		Name of Person	· · · ·		
	THE MOBILITY STORE	LLC			
		Firm/Company			
	915 N. FLORIDA AVE				
		Address			
	LAKELAND, FL 33801				
	City/State and Zip Code				
	MOBEXPRESS@GMAIL.	to be used for future annual report notific	cation)		
For further information c	oncerning this matter, please ca		·		
RENEE R NAKHOUL		813 610-5242 at ( )			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne 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

Liability Company as it now appears on our re- Florida Limited Liability Company)	ecords.)	
oility Company were filed on 03/16/2009		and assigned
ving:		
he limited liability company here:		
ds "Limited Liability Company," the designation	"LLC" or the abbrev	viation "L.L.C."
ole:		
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	- P. P.	
Mailing address MAY BE A POST OFFICE BOX)		is my
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registered office address on our rec ce address here:	cords, <u>enter the</u>	e name of the r
	<del></del>	
Enter Florida street a	address	
	Florido	
City		Zip Code
	cility Company were filed on 03/16/2009	ds "Limited Liability Company," the designation "LLC" or the abbrevale:  ADDRESS)  Pregistered office address on our records, enter the ce address here:  Enter Florida street address  Florida

#### 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>	Type of Action
AMBR	JOHN L. VATH JR	915 N. FLORIDA AVE	■ Add
		LAKELAND, FL 33801	□ Remove
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		ate of filing:	annot be prior to d	ate of filing or more the	(option nan 90 days after fil uirements, this d	<b>al)</b> ing.) Pursuant to 6 ate will not be li	05,0207
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