

L10000010610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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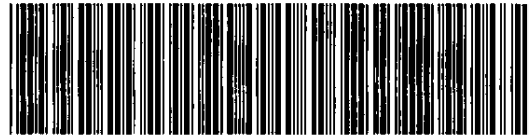
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A. LUNT

JUN -9 2010

EXAMINER

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06/07/10--01014--012 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN -7 AM 11:03

FILED

COVER LETTER

TO: Registration Section
• Division of Corporations

SUBJECT: MSI MOBILE SOLUTIONS, 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:

PEER SNOEP
Name of Person

MSI MOBILE SOLUTIONS, LLC
Firm/Company

350 E. LAS OLAS BLVD
Address

FORT LAUDERDALE, FL 33301
City/State and Zip Code

PEER_SNOEP@MSIMOBITECH.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN -7 AM 11:03

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For further information concerning this matter, please call:

PEER SNOEP at (954) 655 4900
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MSI MOBILE SOLUTIONS, 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 01/28/2010 and assigned
Florida document number L10000010610.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2010 JUN -7 AM 11:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

KEVIN SEMISCH

New Registered Office Address:

741 S. ...

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 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.

741 S. ...
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

MGR KEVIN SEMRSCIT

_____ Add
 _____ Remove

_____ ☐ Add
 _____ ☐ Remove

_____ ☐ Add
 _____ ☐ Remove

JUN 1968
REMOVED

_____ ☐ Add ☐ Remove

ADD EIN 27-1826544

Signature of a member or authorized representative of a member

Filing Fee: \$25.00