

L10000035716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700249835157

07/17/13--01016--002 \*\*25.00

FILED

2013 JUL 24 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

JUL 25 2013

J. BRYAN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2013

JAMES T. WAITE  
MOBILE APPS ONE  
1855 ST RD 434, STE #218  
LONGWOOD, FL 32750

SUBJECT: JW ASSOCIATES OF ORLANDO LLC  
Ref. Number: L10000035716

FILED  
2013 JUL 24 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for JW ASSOCIATES OF ORLANDO 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):

You completed the wrong form

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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 013A00017471

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JW Associates of Orlando, LLC  
Name of Limited Liability Company

FILED  
2013 JUL 24 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES T. WAITE

Name of Person

JW ASSOCIATES OF ORLANDO, LLC

Firm/Company

1855 W. ST. RD. 434 STE # 218

Address

Longwood, FL 32750

City/State and Zip Code

JWaite@NIWS.org

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

For further information concerning this matter, please call:

JAMES WAITE

Name of Person

at (407) 260-5565

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

FILED  
2010 JUL 24 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JW Associates of ORLANDO, 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 4/01/2010 and assigned  
Florida document number L10000035716.

This amendment is submitted to amend the following:

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

MOBILE Apps ONE, LLC

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:

SAME ADDRESS

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME ADDRESS

(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:

No Changes

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 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.*

James T. Wait  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2013 JUL 24 PM 1:04  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

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

---

---

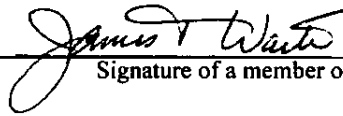
---

---

---

**FILED**  
2013 JUL 24 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00