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N. Culligen NOV - 5 2010

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TO:	Registration Division of (Section Corporations		
SUBJECT: Can			did Doc, LLC	
	•	Name of Lin	nited Liability Company	
The en	closed Articles	of Amendment and fee(s) are su	ubmitted for filing.	
Please	return all corre	spondence concerning this matte	er to the following:	
			Christopher D. Cowar	t
			Name of Person	
			Candid Doc, LLC	· •
			Firm/Company	
		(65 NE 4th Ave, Suite E	<u> </u>
			Address	
		D	elray Beach, FL 3348	36
			City/State and Zip Code	
		E-mail address:	istopherc@cableone.t (to be used for future annual rep	Pet notification)
For fur	ther informatio	n concerning this matter, please	call:	
<u> </u>		stopher D. Cowart	at (_954_)	802-8826
	Nan	ne of Person	Area Code &	z Daytime Telephone Number
Enclos	ed is a check fo	or the following amount:		
√ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	Enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Registratio Division of Clifton Bu 2661 Exect	f Corporations

ARTICLES OF AMENDMENT то **ARTICLES OF ORGANIZATION** OF

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FILED DIVISION OF CORPORATION: 10 NOV -4 AM 11: 51

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•	Candid Do	oc, LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) l						
The Articles of Organization for this Limited Lial Florida document number L100000622		were filed on	6/10/2010	and assigned		
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company here:				
	Mobile Merch	ant, LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company,	" the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:		65 NE 4th Ave				
(Principal office address MUST BE A STREET	ADDRESS)	Suite E				
		Delray Beach, FL 33486				
Enter new mailing address, if applicable:		65 NE 4th Ave	·····			
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Suite E				
		Delray Beach, F	L 33486			
B. If amending the registered agent and/or registered agent and/or the new registered offination Name of New Registered Agent:	-	:	records, <u>enter t</u>	ne name of the new		
		ve. Suite E				
New Registered Onice Address.	New Registered Office Address: 65 NE 4th Ave, Suite E Enter Florida street address					
	De	Iray Beach	, Florida	33486		
		City	, , , , , , , , , , , , , , , , ,	Zip Code		
New Registered Agent's Signature, if changing Re	gistered Agent:	\wedge	\frown			
I hereby accept the appointment as registered the provisions of all statutes relative to the pro accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this ch	oper and comple ered agent as p gistered office hange.	ete performance of rovided for in Chap	my duties, and I)a ner/608, If.S. Gr. ngirm that the lim	n familiar with and if this document is ited liability		

Page 1 of 2

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

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<u>Title</u> ,	Name	Address	Type of Action			
MGRM	Douglas Kerl	3900 Woodlake Blvd Suite 305 Greenacres, FL 33486	Add Remove			
MGRM	O'Kim Kaufman	5845 Wiles Road Suite 402 Coconut Creek, FL 33073	Add Remove			
MGRM	Tami Whittington	2453 NE 51st St. Suite D-101 Ft. Lauderdale, FL	_ Add Remove			
			Add Remove			
			_ Add _ Remove _			
			Add Remove			
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	D			
MGF	RM Christopher Cowart - New Add	ress	DIVISI			
- <u></u>	FILE SECRETARY ISION OF CO					
	Delray Beach, FL 33486	$\overline{)}$				
Christopher D. Cowart Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00