411000017722

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COVER LETTER

•				
TO: Registration S Division of Co				
SUBJECT: Mobi	wiz LLC			
	Name of Limited Liability Company			
	Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following:			
	Octavian Gheorghe			
	Name of Person	•		
	Mobiwiz LLC			
	Firm/Company	-		
	5713 Bennington way		201	
	Address		Ţ	
	Lake Worth, FL 33463	# A SS	2014 MAR 27	
	City/State and Zip Code	. Ņ⊃	- 0	
	mr.tavi@hotmail.com	ران مال سرد	PK	
	E-mail address: (to be used for future annual report notification)		<u>ယူ</u> 5	
For further information	concerning this matter, please call:	اران (۱۳۰۱)	വ	
Octavian G	Sheorghe _{at 561,634-0685}			
Name	of Person Area Code Daytime Telephone Number	*		
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	ling Fee, ite of Stati	us &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mobiwiz LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L11000017722	were filed on February 10, 20	011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Flannah LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or t	*
Enter new principal offices address, if applicable:	5713 Bennington way	2014
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth FL 33463	
	•	33 N -
Enter new mailing address, if applicable:	5713 Bennington way	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lake Worth FL 33463	REAL OF
in the state of th		De Si
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
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 agr	ee to act in this capacity. I further	agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Add
			□ Remove
	 		
			Add Add According to the second of the sec
			25 PH CO
			□ Remove
			Add
			Remove
		***************************************	Add
		-	□ Remove

Effective	date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	
the date th	is document is filed by the Florida Department of State) 20/4	
	Ootavian Cheorel	
	Signature of a member or authorized representative of a member OCHAVIAN GHEORGHE Typed or printed name of signee	
	2014 HAR 2	

Page 3 of 3

Filing Fee: \$25.00