L110000062169

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EXAMINER

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COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT:	Winner Top Ra	ated Mobile Apps, LLC		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
		Malissa Daniels		
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Firm/Company		
425 Boylston Street, 3rd Floor				
		Address		
		Boston, MA 02116		
		City/State and Zip Code		
	mdani	els@filingsmadeeasy.com	,	
		to be used for future annual report notifica	tion)	
r or further information	concerning this matter, please of	call: 		
[*] Ma	alissa Daniels	at (617)		
Name of Person		Area Code & Daytime T		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		STREET/COURIER Registration Section		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er. Circle	
The Mark to the American	Contract of the same of the sa		1	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Mobile Apps, Li	LC		
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appears o</u> Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL11000062169	were filed on	5/26/2011	and assigne	:d
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	TALLAN	SEGRE.	7
	·	7	麗 🕹	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company,	" the designation "LI	Togor the bbre	view
Enter new principal offices address, if applicable:	1115 Westford S	Street	SA C	
(Principal office address MUST BE A STREET ADDRESS)	Lowell, MA 018	51	The state of the s	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	1115 Westford S	Street Lowell, M	A 01851	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter th	e name of the	e new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter .	Florida street addre	2SS	
		, Florida		
	City		Zip Code	
Note that the state of the stat				

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.

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>	Address	Type of Action	<u>n</u>
MGRM	Fredrick Marckini	1115 Westford Street Lowell, MA 0185	Add Remove	
<u>MGRM</u>	Fredrick Marckini	100 Beach Drive, #703 St. Petersburg, FL 33701	Add Remove	
			Addinove Addinove	
			Remove Add Remove	
			Add Remove	
D. If amend	ling any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	_	
			_	
Dated	Jy 5 Maussa Si	2011. Danido		
	_	a member or authorized representative of a member S. Outhorized Representative Tryped or printly arms of figures.		

Page 2 of 2

Filing Fee: \$25.00