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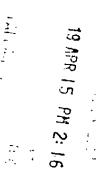
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| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   |             |
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Office Use Only



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SECRETARY OF TALLAHASSEELF 2819 APR 15 P 9 38

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# **COVER LETTER**

Registration Section Division of Corporations

TO:

| SUBJECT:                   | bile Ap Inne  | tras  |  |
|----------------------------|---|---|--|
| SUBJECT:                   | Name of Lim   | rations ited Liability Company  |  |
|                            | Amendment and fee(s) are sub ondence concerning this matter             | mitted for filing.  to the following:  Name of Person  Firm/Company  Carolna St.  Address  See FZ 32  | TALLAMASSEE FLORIDA  |
|                            |   | City/State and Zip Code  223 agency - Com to be used for future annual report notif                   |  |
| For further information of | concerning this matter, please ca                                       | all:  |  |
|                            |   | at ()   |  |
| Name o                     | of Person   | Area Code Daytime   | Telephone Number   |
| Enclosed is a check for t  | he following amount:  |   |  |
| \$25.00 Filing Fee         | ☐ \$30.00 Filing Fee &<br>Certificate of Status                         | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)                                   | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed) |
| Regist<br>Divisi<br>P.O. E | ANG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314 | STREET/COURI<br>Registration Section<br>Division of Corpora<br>Clifton Building<br>2661 Executive Cer | n<br>ations  |

Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Mobile App Innova   | frons   |   |                    |
|---|---|---|--------------------|
| (Name of the Limited Liability Com<br>(A Florida Limite   | npany as it now appears on<br>ed Liability Company) | our records.)                           |                    |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number <u>L11400085044</u> .    | ny were filed on                                    | 2011                                    | and assigned       |
| This amendment is submitted to amend the following:   |   |   |                    |
| A. If amending name, enter the new name of the limited li   | ability company here:                               |   |                    |
| The new name must be distinguishable and contain the words "Limited Lia   |   | _                                       | reviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 223 W-  | Cardina 5                               | - <del>123</del>   |
| (Principal office address MUST BE A STREET ADDRESS)   | Tallahasse  | e Fc 325                                | 3 <del>0</del> —   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              |   | 7 C T C C C C C C C C C C C C C C C C C | S E D              |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h |   | 3:-                                     | he name of the new |
| Name of New Registered Agent:   |   |   |                    |
| New Registered Office Address:  | Enter Florida s                                     | treet 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action   |
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| an effective date is lis<br>ote: If the date ins | ther than the date and, the date must be spherted in this block does date on the Departn | ecific and cannot<br>ses not meet the | e applicable stati | filing or more than<br>story filing requir | ( <b>optio</b><br>90 days after (<br>ements, this | filing.) Pu | rsuant to (<br>I not be I | 505,020<br>isted a: |
| record specific<br>The 90th day a                | es a delayed effe<br>ofter the record is   | ctive date, l<br>s filed.             | but not an eff     | ective time, a                             | t 12:01 a   | .m. on      | the ea                    | rlier o             |
| ated <u>4-15</u>                                 | -19<br>Tr  |                                       | ·                  |  |   |             |                           |                     |
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Page 3 of 3

Filing Fee: \$25.00

Dustif

Ammendment to:

## ARTICLES OF INCORPORATION

OF

#### MOBILE APP INNOVATIONS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

#### ARTICLE 1 -- NAME

The name of the limited liability company shall be **MOBILE APP INNOVATIONS**, LLC ("Company").

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 223 W Carolina St. Tallahassee, Florida 32301

#### ARTICLE III - DURATION

The Company shall commence its existence on the date these articles of organization are filed by the Florida Department of State or on another effective date as specified. The Company's existence shall be perpetual unless the Company is dissolved earlier as provided in these articles of organization or in the regulations.

### ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and address of the registered agent of the Company in the state of Florida are Dustin Rivest, 223 W Carolina St. Tallahassee, Florida 32301.

#### ARTICLE V – ADMISSION OF NEW MEMBERS

Except as set forth in the regulations, no additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all of the members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

#### ARTICLE VI - MANAGEMENT

The Company shall be managed by the members in accordance with the regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the

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Company not inconsistent with law or these articles of organization. The names and addresses of the members of the Company are:

#### NAME:

Chad P. Gardner - Member 5%

Dustin Rivest - MGRM 65%

Thomas Hunter – Member 10%

James Rhymer – Member 10%

James Hunt - Member 10%

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these articles of incorporation at Tallahassee. Florida on March 181 2019

Mobile App Innovations, LLC

By: Dustin Rivest Its: Managing Member

TILED

SECRETARY OF STATE

ALLAHASSEF FINE