L11000113129

(Requestor's Name)				
(Address)				
•				
(Address)				
(Cir	ty/State/Zip/Phone	e #)		
(3.	yrotatorzipit nort	·,		
PICK-UP	☐ WAIT	MAIL		
		•		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
•	_			
		٠		

Office Use Only



000212576050

10/07/11--01007--006 **30.00

FILED

11 OCT -7 MID: 43

SECKELARY OF STATE
SECKELARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Mobi Mobiware LLC
	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Darra Beck
	Name of Person
	Firm/Company
	301 Ocean Drive #505
	City/State and Zip Code Our City/State and Zip Code Darren a mobi mobi were com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person at (786) 351 - 8342 Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
□\$ 25	5.00 Filing Fee \$ \$30.00 Filing Fee & \$ \$55.00 Filing Fee & \$ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

FILED

Mobi Mo	biware LLCT	ALLAHASSEE, FLORIDA
(Name of the Limited Liab (A Flor	ollity Company as it now appears of ida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number		ct. 4, 2011 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	, Florida Zip Code
	Cuy	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.

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

Title Address Type of Action Name 1 MORM Darren Beck 301 Ocean Dr #505 ☐ Add Darren Bock Inc. Remove Miami Beach ☐ Add ☐ Remove Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00