

L12000051400

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER

2012 AUG - 6 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: High Tech Mobi, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victoria Fracassi

Name of Person

High Tech Mobi, LLC

Firm/Company

28870 US Hwy 19 North, Suite 300

Address

Clearwater, FL 33761

City/State and Zip Code

vicki@hightechmobi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Fracassi

Name of Person

at (727)

431-9576

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

High Tech Mobi, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/16/2012 and assigned
Florida document number L12000051400.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

28870 US Hyw 19 North

Suite 300

Clearwater, FL 33761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

28870 US Hwy 19 North

Suite 300

Clearwater, FL 33761

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

28870 US Hwy 19 North

Enter Florida street address

Clearwater

City

Florida

33761

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Paul Wheeler	2677 Rowel Rue St-Lazare, Quebec Canada, J7T2A1	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Victoria Fracassi	1216 S. Myrtle Ave Clearwater, FL 33756	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Victoria Fracassi	28870 US Hwy 19 North Suite 300 Clearwater, FL 33761	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 2, 2012.

Victoria Fracassi

Signature of a member or authorized representative of a member

VICTORIA FRACASSI

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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