# L12000051400

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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

victoria@hightechmobi.com

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

For further information concerning this matter, please call:

# Victoria Fracassi

<sub>...</sub>727<sub>.</sub>431-957

Name of Person

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High Tech Mobi, LLC		
(Name of the Limited Liabili	ity Company as it now appears of a Limited Liability Company)	our records.)
(A Florida	a Limited Liability Company)	
	- April 1	16 2012
The Articles of Organization for this Limited Liability	Company were filed on APIII	and assigned
Florida document number L12000051400		
	·············	一
		The second second
This amendment is submitted to amend the following:		(a)
_		
A. If amending name, enter the new name of the lin	mited liability company here:	<del>y</del>
The new name must be distinguishable and end with the w	words "Limited Liebility Company."	the designation "LLC" or the abbreviation
"L.L.C."	voids Elinited Liability Company,	the designation LLC of the aboreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DPFCC)	
Trincipus Office unuress (NOST DE A STREET ADE	ZREBBy	· · · · · · · · · · · · · · · · · · ·
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regi	istanad affice address on our	resource enter the name of the nor
registered agent and/or the new registered office ad		records, enter the name of the new
registered agent and/or the new registered office ad	idless here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter .	Florida street address
		***
	City	, Florida Zip Code
	CHV	ZID COUE

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 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
MGRM	Paul Wheeler	2677 ROWEL RU	Add
		ST-LAZARE QUEBEC	Remove
		CANADA J7T -2A1	
			Add
			Remove
			Add
<del> </del>			Remove
			Kemove
			— Add
· · · · · · · · · · · · · · · · · · ·		<u> </u>	Remove
			Kemove
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			Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)
	<del></del>
	<del></del>
ed Marcl 11, 2013.	
Macrossi	
Signature of a member or authorized representative of a member	
VICTORIA FRACASSI	
Typed or printed name of signee	
Page 3 of 3	

Filing Fee: \$25.00