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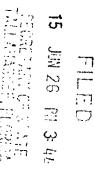
(R	equestor's Name)
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PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
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JUN 2 9 2015 S. YOUNG

## COVÉR LETTER

Division of	Corporations			
SUBJECT:	13 FX Mobility LLC			
	Name of Lim	ited Liability Company	·	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Fabianc	Lobo		
		Name of Person	, , , , , , , , , , , , , , , , , , , ,	
	13FX LI	ıc		
		Firm/Company		
	7700 <b>N</b> K	endall Drive Suite 407		
		Address		
	Miami,	FL 33156		
		City/State and Zip Code		三角 可
	fdlobo@me.com	n to be used for future annual report notifi		Company Company
For further information	n concerning this matter, please c		cation)	S IT
Nancy L Brown		at ( 305 ) 274-4814		
Nan	ne of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	or 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 Certificate of Certified Co (additional cop	of Status & opy

TO:

**Registration Section** 

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

rds.) and assigned
and assigned
C" or the abbreviation "L.L.C."
<u>, , , , , , , , , , , , , , , , , , , </u>
Jan 5
編員工
20 57
33 F

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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			□ Remove
			□ Change
			Add
			Remove-
			Adder E
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Effective date, if	other than the date of filing:listed, the date must be specific and cannot be p	rior to date of filing or more tha	optional)	suant to 605 02
Note: If the date	nserted in this block does not meet the app	plicable statutory filing requ		
document's effect	ive date on the Department of State's reco	rds.		
		and the office bines	- <b>. 13</b> . 0.1	ula a a a alta a
	fies a delayed effective date, but	not an effective time,	at 12:01 a.m. on 1	tne earlier
the record spec The 90th day	arter the record is filed.			
the record spec The 90th day	after the record is filed.		<u>-</u> .	· · · · · · · · · · · · · · · · · · ·
The 90th day			- 	3 <b>3</b>
The 90th day		<del></del> ·,		
The 90th day	e 15 , 2015	uthorized representative of a m	ember	الاستان و مساو

Page 3 of 3

Filing Fee: \$25.00