L13000011993

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FILED SECRETARY OF STATE DIVISION OF CORFORATION

C. LEWIS
FEB - 4 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

_{suffect:} MOBET 150, 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:

EDUARDO RUANO

Name of Person

SERBER & ASSOCIATES, P.A.

Firm/Company

2875 NE 191 STREET, SUITE 801

Address

AVENTURA FL 33180

City/State and Zip Code

ER@SERBERLAWFIRM.COM

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

For further information concerning this matter, please call:

EDUARDO RUANO

{...}305\932-6262

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



MOBET 150, LLC

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

4/00/0040

The Articles of Organization for this Limited Liability Comp	pany were filed on 1/23/20	and assigned
Florida document number L13000011993		
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 "L.L.C."	Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
		, Florida
	City	Zip Code
Now Desistand Agent's Cignotyne if shancing Desistand Ag	4-	

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> **Name Address Type of Action** CAREBE, LLC 2875 NE 191 STREET MGR Add **SUITE 801** Remove **AVENTURA FL 33180** CAREZE, LLC 2875 NE 191 STREET MGR **SUITE 801** Remove **AVENTURA FL 33180** Remove Remove Remove Remove

*1	r change(s) here: (Attach additional sheets, if no	DIVISIONETABLEC
		DIVISION OF CORPORA 2013 FEB
		2013 FEB - 1 AM 10:
	2010	
nted JANUARY 30	2013	
<u>ED</u>		
	member or authorized representative of a member	
EDUARDO RUANO		
	Typed or printed name of signee	

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Filing Fee: \$25.00