

L14 000107401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700262287787

700262287787
08/15/14--01019--021 **25.00

AUG 19 2014

T CLINE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 15 PM 12:18

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPLASH MOBILE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

VONGXAY KEUNGKHAMPHONG
Name of Person

SPLASH MOBILE LLC
Firm/Company

9600 60th STREET STE 100
Address

PINELLAS PARK, FL 33782
City/State and Zip Code

som@a)splashmobileusa.com
E-mail address: (to be used for future annual report notification)

2014 AUG 15 PM 12:18
SUBSARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

VONGXAY KEUNGKHAMPHONG 727 727-9961
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**

SPLASH MOBILE 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 7/7/14 and assigned Florida document number L14000107401

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX)

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: N/A

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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 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

MGR = Manager
AMBR = Authorized Member

MGR SUBHASH CHAND 9000 W 15TH ST N ☒ Add
RAMNAATHI
SUITE G ☐ Remove
PINELHAS PARK, FL 33782

[Remove](#)

[Home](#)
[About Us](#)
[Contact Us](#)
[Privacy Policy](#)
[Terms of Service](#)
[FAQ](#)
[Sitemap](#)
[Feedback](#)

_____ ☐ Remove

[Add](#)

[Remove](#)

☐ Add

_____ ☐ Remove


[View Full Screen](#)
[Print](#)
[Download](#)
[Share](#)
[Add](#)

 Remove

2014 AUG 15 PM 12:18
 STATE OF FLORIDA
 DEPARTMENT OF STATE
 Add
 Remove
 Add

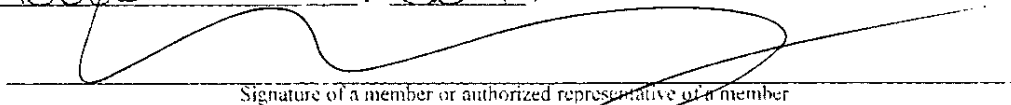
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 7, 2014.



Signature of a member or authorized representative of a member

VONGXAY KEUNGKHAMPHONG

Typed or printed name of signee

2014 AUG 15 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA