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NC Amend Add FEI #



APR 14 2015 N. CAUSSEAUX

CÓVER LETTER

TO: Registration Sec Division of Corp			
MOBILA	PP LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	BERENICE IPIA-FEL	LICIANO .	
		Name of Person	
	PRATS FERNANDE	Z & CO. P A	
		Firm/Company	
	999 PONCE DE LEC	ON BLVD. STE 1110	•
		Address	
	CORAL GABLES, F	L 33134	
	ADMIN@PRATSFER		
	E-mail address: (1	to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	all:	
BERENICE IPIA-F	ELICIANO	305 444 8333	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

MOBILAPP LLC		
(Name of the Limited Liability Com (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number L14000130167	y were filed on 08-19-2014	and assigned
Γhis amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
MOVIL APPS LLC		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		五彩 话
(Principal office address MUST BE A STREET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·	3 2 2
		Me R II
Enter new mailing address, if applicable:		70 70
(Mailing address MAY BE A POST OFFICE BOX)	****	<u> </u>
)
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the ne
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	•	
	Enter Florida street address	
	, Flori	
	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			
,			☐ Remove
•			
		444	Add
			□ Remove
			□ Remove
			W-1 - 1/4 - A-1
<u>. </u>			□ Add
			□ Remove
			□ Add
			Remove

EIN: 47-1642439		<u> </u>
		-

	•	(optional)
effective date must be specific, cannot be prior	o date of receipt or filed date and cannot be more than 90	
effective date must be specific, cannot be prior date this document is filed by the Florida Depart MARCH 13	o date of receipt or filed date and cannot be more than 90	
effective date must be specific, cannot be prior date this document is filed by the Florida Depart MARCH 13	o date of receipt or filed date and cannot be more than 90 ment of State)	
he date this document is filed by the Florida Depart Dated MARCH 13	o date of receipt or filed date and cannot be more than 90 ment of State) 2015 old member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

