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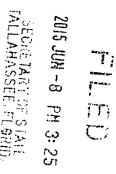
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K.SALY EXAMINER JUN - 9 2015

COVER LETTER

| Division of Cor | porations | | |
|----------------------------|--|---|--|
| MOVILIZE | & FINANCES LLC | | |
| | Name of Lin | nited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | omitted for filing. | |
| | ndence concerning this matter | | |
| | | JULIO MOLINA | |
| | | Name of Person | |
| | JU | LIO MOLINA P.A. | |
| - | | Firm/Company | ····· |
| | 2002 CUI | RRY FORD RD. | |
| | | Address | |
| | ORLANDO | , FLORIDA 32806 | |
| | | City/State and Zip Code | |
| | | JOMOLINA@BELLSOUTH.NET | _ _ |
| | | to be used for future annual report notif | ication) |
| For further information co | oncerning this matter, please ca | all: | |
| JULIO MOLINA | | 407 228-4757 at () | |
| Name of | Person | | Telephone Number |
| Enclosed is a check for th | e 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:

TO:

Registration Section

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

| | FILED |
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| 20/5 | — [] [[]] |
| Sp. 1. (s.) 11. L | |

| | | ·UD JUD |
|---|--|------------------------------|
| MOVILIZE & | FINANCES LLC | BA 2. 2 |
| (Name of the Limited Lia (A Flo | FINANCES LLC bility Company as it now appears on our records or da Limited Liability Company) y Company were filed on 04/21/2015 | TAHABRY OF a 25 |
| (| · | MASSIF, FLADIS |
| he Articles of Organization for this Limited Liability | y Company were filed on 04/21/2015 | and assigned |
| orida document number L15000069549 | | |
| his amendment is submitted to amend the following | ,, P | |
| . If amending name, enter the new name of the l | imited liability company here: | |
| | | |
| he new name must be distinguishable and contain the words "I | Limited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| | • | |
| nter new principal offices address, if applicable: | | <u> </u> |
| <u>Principal office address MUST BE A STREET AD</u> | DRESS) | |
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| inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| Tailing Hauress MAT BE A FUST OFFICE BOX) | | |
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| | | |
| . If amending the registered agent and/or registered agent and/or the new registered office a | | enter the name of the |
| gistered agent and/or the new registered office a | duress here. | |
| W. O. B. C. LA | | |
| Name of New Registered Agent: | - - | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | rida |
| | City | 7in 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| n effec | e date, if other the | date must be spe- | citic and canr | not be prior to | date of filing | or more than 90 | (option days after file | ling.) Pursuant to 6 | 05.020 |
| <u>ote:</u> If | the date inserted in it's effective date of | n this block do | es not meet | the applical | ole statutory | filing requiren | nents, this d | ate will not be lis | sted a |
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| reco | rd specifies a d | lelayed effer | ctive date | , but not | an effectiv | e time, at | 12:01 a.ı | m. on the ear | lier (|
| The 9 | Oth day after t | he record is | filed. | | | | | | |
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Filing Fee: \$25.00