

L16000014457

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 31 2016
J. HARRIS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: D.I.T MOBILE 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:

ALENS JULCEUS
Name of Person
D.I.T MOBILE LLC
Firm/Company
5706 ITHACA CIRCLE EAST
Address
LAKE WORTH, FL 33463
City/State and Zip Code
GFI24K@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALENS JULCEUS at (561) 818 5330
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

D.I.T 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 01/21/2016 and assigned Florida document number L160 000 14457

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3355 LAKE WORTH RD,
Suite # 8. PALM SPRINGS,
FL 33461

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3355 LAKE WORTH RD,
Suite # 8. PALM SPRINGS,
FL 33461

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u> suite # 8
COO	MARC ARTY JACQUET	3355 LAKE WORTH Rd	<input checked="" type="checkbox"/> Add
Executive Vice president		PALM SPRINGS, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VALBRUN THOMAS	6168 BRANCH WOOD DRIVE	<input type="checkbox"/> Add
		LAKE WORTH, FL 33463	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
HR Manager	NATHALY PAUL	17947 35TH PLACE NORTH	<input type="checkbox"/> Add
		LOXAHATCHEE, FL 33470	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
TR	YOLIE DUMOSTIL	5706 ITHACA CIR E	<input type="checkbox"/> Add
Secretary		LAKE WORTH FL 33463	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CONTROLLER	JEAN J. THEO	3355 LAKE WORTH Rd, suite 8	<input checked="" type="checkbox"/> Add
		PALM SPRINGS, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

TECHNICAL STAFF
TALLAHASSEE, FLORIDA
JUN 29 11:12 AM '03

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 03/25/2016

Alus Alus

Signature of a member or authorized representative of a member

ALENS JULCEUS

Typed or printed name of signee

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TALLAHASSEE FLORIDA