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COVER LETTER

R&K MO	BILE TECHNOLOGY LLC		
SUBJECT:		ited Liability Company	
	at ()		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the fellowing:	
	LUIS E. BULGINI		
		Name of Person	
	R&K MOBILE TECHNOL	LOGY LLC	
		Firm/Company	
	3100 N.W. 72ND AVENU	E. STE # 118	
		Address	
	MIAMI, FL 33122		
		City/State and Zip Code	· -
	**		<u> </u>
			cation)
For further information	concerning this matter, please ca	all:	
LUIS E. BULGINI		786 615-3923	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ S25.00 Filing Fee	S30.00 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&K MOBILE TECHNOLOGY I.LC (Name of the Limited Liability Company as it now appears on our records.) (A Fiorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L16000132626 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 "I imited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Emer Florida street address

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>	Type of Action		
AMBR	JAVIER A. DA CRUZ	1200 NW 78TH AVE, STE 214			
		MIAMI, FL 33126	■ Remove		
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lt an effective date is	f other than the da s listed, the date must be	specific and canno	it be prior to date.	of filing or more the	n 90 days after	filing.) Pursua	nt to 605.
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Page 3 of 3

Filing Fee: \$25.00