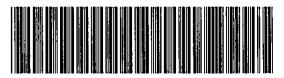
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## **COVER LETTER**

| TO: Registrațion S<br>Division of Co  |  |   |  |
|---|--|---|--|
|   | NITI MOBILE USA, LLC                         |   |  |
| INFINITI MOBILE USA, 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:  Elliott Harris, Esq.  Name of Person  Elliott Harris, P.A.  Firm/Company  111 SW 3rd Street, 6th Floor  Address  Miami, Florida 33130  City/State and Zip Code  liza@eharrispa.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Elliott Harris  Name of Person  Daytime Telephone Number |  |   |  |
| The enclosed Articles o   | f Amendment and fee(s) are sub-              | mitted for filing.  |  |
| Please return all corresp   | ondence concerning this matter               | to the following:   |  |
|   | Elliott Harris, Esq.                         |   |  |
|   |  | Name of Person  | <u> </u>   |
|   | Elliott Harris, P.A.                         |   |  |
|   |  | Firm/Company  |  |
|   | 111 SW 3rd Street, 6th Flo                   | oor   |  |
|   | <del></del>                                  | Address   |  |
|   | Miami, Florida 33130                         |   |  |
|   |  | City/State and Zip Code   |  |
|   | -  |   |  |
| For further information   |  | ·   | ication)   |
| Elliott Harris  |  |   |  |
| 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

| INFINITIWODI   |   | <u> </u>   |  |
|--|---|--|--|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida  | y Company as it now appears on our recor<br>Limited Liability Company)      | <u>'ds.</u> )  |  |
| The Articles of Organization for this Limited Liability Conformation Florida document number <u>L16000184385</u>   | ompany were filed on October 4, 2016  | and assigned   |  |
| This amendment is submitted to amend the following:  |   |  |  |
| A. If amending name, enter the new name of the limi  | ted liability company here:   |  |  |
| INFINIA VIDEO US, LLC  |   |  |  |
| The new name must be distinguishable and contain the words "Limitation of the contain the contain the words "Limitation of the contain th | ited Liability Company," the designation "LL                                | C" or the abbreviation "L.L.C."                              |  |
| Enter new principal offices address, if applicable:  |   |  |  |
| (Principal office address MUST BE A STREET ADDR  | (ESS)   |  |  |
|  |   |  |  |
|  |   | THE THE  |  |
| Enter new mailing address, if applicable:  |   | F.S. A   |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | RET 2  |  |
| [1/2mm/, saures //1/1 B2 //1 OS1 O1 1102 2011]   |   | 92 S   |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office additional Name of New Registered Agent:  New Registered Office Address:  |   | is, enter the name of the new                                |  |
| New Registered Office Address.   | Enter Florida street addre  | ess  |  |
|  | F   | . Florida  |  |
|  | Enter Florida street address  |  |  |
| New Registered Agent's Signature, if changing Registered   | d Agent:  |  |  |
| I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.   | omplete performance of my duties, a<br>gent as provided for in Chapter 605, | and I am familiar with and<br>, F.S. Or, if this document is |  |
|  | If Changing Registered Agent, Signature                                     | e 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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| Effective da       | te if other than the date (                                      | of filing:  | 4                      | ontional)             |             |
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|                    | date inserted in this block doo<br>ffective date on the Departme | es not meet the applicable statutory<br>ent of State's records. | filing requirements    | , this date will no   | t be listed |
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| ne record s        | pecifies a delayed effec   | ctive date, but not an effect                                   | ive time, at 12:0      | D1 a.m. on the        | e earlier   |
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| Jaieu              | Signatu  |   |                        | 777-2                 |             |
| _                  | Signatu<br>liott Harris, Authorized Repr                         | resentative of MGR  |                        | TE P                  |             |

Page 3 of 3

Filing Fee: \$25.00