

L17000 106674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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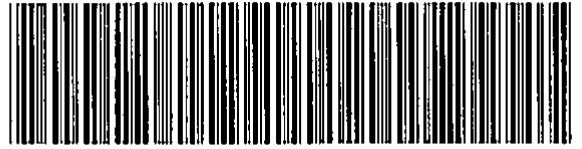
(Business Entity Name)

(Document Number)

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05/08/20--01003--030 **25.00

20 MAY -8 PM 3:08

MAY 26 2021
C. H. H. H. H. H.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Modernized Mobile, LLC

Name of Limited Liability Company

20 MAY -3 PM 3:03

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nahu Alula

Name of Person

Modernized Mobile, LLC

Firm/Company

747 SW 2nd Avenue

Address

Gainesville, Florida 32601

City/State and Zip Code

nahu@modernizedmobile.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nahu Alula

352

278-5248

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Modernized Mobile

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

20 MAY -8 PM 3:00

The Articles of Organization for this Limited Liability Company were filed on May 15 2017 and assigned
Florida document number 1.17000106674.

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:

747 SW 2nd Avenue

(Principal office address MUST BE A STREET ADDRESS)

Gainesville, Florida 32601

Enter new mailing address, if applicable:

747 SW 2nd Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Gainesville, Florida 32601

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:

Nahu Alula

New Registered Office Address:

747 SW 2nd Avenue

Enter Florida street address

Gainesville

Florida 32601

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 all 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>
CEO	Nahu	840 NW 20th Street	<input type="checkbox"/> Add
		Gainesville, FL 32603	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CBDO	Marlana Armstrong	3461 SW 2nd Ave Apt 447	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Nitharsan Sivakanthan	1320 NW 3rd Ave Apt 254	<input type="checkbox"/> Add
		Gainesville, FL 32603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Arpan Parekh	15419 Lake Bella Vista Drive	<input type="checkbox"/> Add
		Tampa, FL 33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Sarvar Nasirov	321 SW 12th Street	<input type="checkbox"/> Add
		Gainesville, FL 32601	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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)(d)

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 04/16/ 2020

Kabul

Signature of a member or authorized representative of a member

Nahu Alula

Typed or printed name of signee