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BIVISION OF CORPORATIONS

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
A1111 1134	MB Scoote	rs LLC				
SUBJEC	G1:	Name of Lin	nited Liability Company	<del></del>		
		Amendment and fee(s) are sub				
Please re	eturn an correspo	ndence concerning this matter	to the following:			
		Klara Fishman-Sitbon, Es	q.			
			Name of Person			
		Law Offices of Fishman-S	Sitbon, P.A.			
			Firm/Company			
		80 SW 8th Street, FL 20				
			Address			
		Miami, FL 33130				
		City/State and Zip Code  kfishman@fsplegal.com  E-mail address: (to be used for future annual report notification)				
For furth	ner information co	oncerning this matter, please c	all:			
Klara Fi	ishman-Sitbon		305 423-7077			
-	Name o	f Person		ne Telephone Number		
Enclosed	l is a check for th	ne following amount:				
<b>\$</b> 25.0	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)		
	MAILI	ING ADDRESS:	STREET/COUR	IER ADDRESS:		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MB SCOOTERS LLC		
( <u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on our record orida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Florida document number L17000152309	ty Company were filed on 07/17/2017	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:  New Registered Office Address:	egistered office address on our records address here:	BIVISION 18 JA
	Enter Florida street addres	OF C
	, Flo	orida Zin Codia
ew Registered Agent's Signature, if changing Registo	·	SATE ORATION
hereby accept the appointment as registered age rovisions of all statutes relative to the proper and accept the obligations of my position as registered eing filed to merely reflect a change in the registrompany has been notified in writing of this chang	d complete performance of my duties, and I agent as provided for in Chapter 605, i ered office address. I hereby confirm tha	rther agree to comply with t nd I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature of	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
MGR	RAMI EL HAKIM	1416 18TH STREET	
		MIAMI BEACH, FL 33139	■ Remove
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D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Note: If the document's	date, if other than the date of filing:	ll not be lis	ted as the
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day after the record is filed.	the earl	ier of:
Dated	ary 3 2018		
		18 J	SEC 338
	Signature of a member or authorized representative of a member	Ž	
	Yacov Sitbon	<b></b>	RY CON
-	Typed or printed name of signee	3	사 사 사 사
	Page 3 of 3	£3	IATE ATIONS

Filing Fee: \$25.00