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Certified Copies	_ Certificates	of Status
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# **COVER LETTER**

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aup r	GERMAN I	BERMUDEZ, LLC		
aosi	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		AUNDRE SCOTT		
			Name of Person	<del></del>
		MITRE ACCOUNTING &	: TAX SERVICES, LLC.	
			Firm/Company	
		15701 SR 50, STE 202		
			Address	
		CLERMONT, FL 34711		
			City/State and Zip Code	
		INCORP@MITREACCOU		
		E-mail address: (i	to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
AUN	DRE SCOTT		352 242-9905	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
□ \$3	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

GERMAN BERMUDEZ, 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  $\frac{09/15/2017}{1}$ and assigned Florida document number L17000192098 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SOLUCIONES DE MOVILIDAD INTERNACIONAL, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter 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
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ecord specifies a delay	ed effective date, but not an effecti	ve time, at 12:01 a.m. on the earlie
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Typed or printed name of signee

Filing Fee: \$25.00