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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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BECREIARY OF STATE ALLAIMSSEE, FLORIDA

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COVER LETTER

TO: Registration Division of C		1	
SUBJECT:	Name of Limit	sh mobile L ted Liability Company	JC
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	pondence concerning this matter t	o the following:	
	Dann	Name of Person	<u>MGS</u>
	J Was	Mobile LHC Firm/Company	
	4555	Phila de phia (Circle_
8	Missim	Mce FJ 3474 City/State and Zip Code	46
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information	n concerning this matter, please ca	·	,
(SiO VGNW Name	D. Le KNOW (22	at (3) 33	Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, 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

(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Tissimme (FL 3474)
Enter new mailing address, if applicable:	TERCE TO THE TERCE
(Mailing address MAY BE A POST OFFICE BOX)	THO TO
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	vny D. Hernander
New Registered Office Address:	Rudders Tole Way Enter Florida street address
Kissin	MMec , Florida 34747 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 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member							
<u>Title</u>	<u>Name</u>	Address	Type of Action				
			□ Add				
			Remove				
		<u>.</u>	☐ Change				
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fective date , an effective date	, if other e is listed, th	than the d	ate of fili	ing: and cann	oot be prio	r to date o	f filing or m	ore than 90	(opti	onal) : filing.) Pursu	ant to 605.020
ote: If the da	te inserted	in this bloc	k does no	t meet t	the applic	cable sta	utory filin	g requirer	nents, thi	s date will ne	ot be listed a
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00