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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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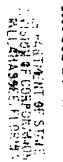
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations			
CUDICCT		lutions LLC			
SUBJECT:		Name of Lim	ited Liability Company	<del>.</del>	
The enclosed	B Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Mario Tello			
			Name of Person		
		BusinessBK LLC			
			Firm/Company		
		7791 Nw 46th St Suite 219	)		
			Address	<del></del>	
		Doral, FL 33166			
			City/State and Zip Code		
		info@businessbk.com			
		E-mail address: (	to be used for future annual report	notification)	
For further in	nformation e	oncerning this matter, please of	all:		
Mario Tello			305 7980274 at ()		
	Name o	f Person	Area Code Day	time Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 H	iling 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)	
	iling Addres gistration S		<u>Street Address</u> Registration	Section	
		orporations	Division of C	Division of Corporations	
P.C	D. Box 632	. /	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mobiru Solutions LLC

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

ability Company)	700 E
were filed on 10/19/2018	e and assigned
ility company here:	
ity Company," the designation "LLC"	or the abbreviation "L.L.C."
nddress on our records, <u>enter t</u>	he name of the new registered
Enter Florida street address	
	rida Zip Code
City	z.φ ¢,σαe
ee to act in this capacity. I furt performance of my duties, and provided for in Chapter 605, F	d I am familiar with and
	lity company here:  Sty Company," the designation "LLC"  Enter Florida street address  City  The to act in this capacity. I further performance of my duties, and

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
MGR	CAMPUZANO, SARA C	12922 SW 88TH TER	
		MIAME, FL 33186	Remove
			□Change
MGR	PACHON, ESTEBAN	950 BRICKELL BAY DR	
		MIAMI, FL 33131	■Remove
			☐Change
MGR	CAMPUZANO, JHON C	12922 SW 88TH TER	
		MIAMI, FL 33186	■Remove
			DAdd
			□Remove
			□Change
		<del></del>	□ Add
			□Remove
			☐ Change
<del> </del>	<del></del>		□Add
			□Remove
			□Change

Fective date, if other than the date of filing:  (optional)  (opti	w	ill be changed to the following percentages:
reflective 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 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nument's effective date on the Department of State's records.  Second 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 stilled.	Je	ose E Vallejo> 100%
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Filing Fee: \$25.00