# 119000034182

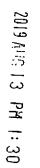
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

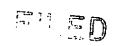
	Registration Section Division of Corpora				
SUBJEC	T: Mely	Name of Limi	ted Liability Company		
The enclo	sed Articles of Amo	endment and fee(s) are subr	nitted for filing.		
Please rei	urn all corresponder	nce concerning this matter t	to the following:		
	_	Betto	(Name of Person	١ ٪	
			Name of Person		
		Modele	in LLC		
	<del>-</del>		Firm/Company		
	-	306 NE	Address	101年_	\ 
	~	Pounte	City/State and Zip Code  Code  Obe used for future annual	1 FL	33434
		1 ((	CityState and Zip Code	( )	<b></b>
	_	E-mail/address: (1	o be used for future annual	report notification)	<del></del>
For furthe	τ information conce	erning this matter, please ca			
R	s ittenz	- Gall	at ( <u>DOT</u> )	263-149	
	Name of Per	son	Area Code	Daytime Teleph	one Number
Enclosed i	is a check for the fo	llowing-amount:		-	
\$25.00	9 Filing Fee G	P\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is one		I \$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



Mobistour	LLC	2019 ALIO 13 PM 1:30
( <u>Name of the Limited Liability</u> (A Florida	vCompany as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number <u>L. 190003416</u>	ompany were filed on 2/4/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
(maining undress MAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, gess here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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, enter the title, name, and address of each person, being added or removed from our records:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MOR	Dustin Louis	306 NE 19 Au 3+109	Add
		Bynton Buck IFL	Remove
		33-135	D Change
MGR	Bottony Calli	Bornton Bogun FL	∑_□ Add
		Barriton Board FL	□ Remove
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If àme	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effe <u>Note:</u>	ve date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Acquet 9 . 2019.
	Signature of a therapher or authorized representative of a member
	Part Galli CSO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00