

L19000 125667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

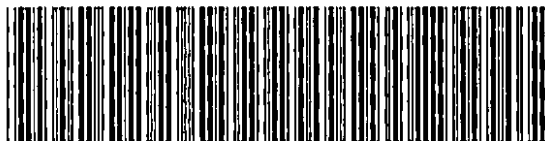
(Business Entity Name)

(Document Number)

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2019 JUL -9 AM 12:45
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JUL 09 2019

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2019

MOBILE CHARGED MARKETING LLC
1250 S PINE ISLAND RD STE 200
PLANTATION, FL 33324

SUBJECT: MOBILE CHARGED MARKETING LLC
Ref. Number: L19000125667

We have received your document for MOBILE CHARGED MARKETING LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 919A00012754

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: MOBILE CHARGED MARKETING LLC

SECOND: The Florida Document number of the limited liability company is: L19000125667

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE MANAGING MEMBER SHOULD BE MOSLEY BEN INVESTMENTS OF DELAWARE LLC.
- THE CURRENT LISTED MANAGING MEMBER "REID MAHOMES" WAS INCORRECTLY
INSERTED ON THE APPLICATION. ALL ADDRESSES ARE CORRECT.

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.

Signature of Authorized Representative

7/3/19
Date

FILED
2019 JUL -9 AM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)