

2019-06-19 21:04:13 (GMT)

13056751799 From: Viteri Financial Corporation

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : VITERI FINANCIAL CORPORATION
Account Number : 1201800000001
Phone : (786)398-6735
Fax Number : (305)675-7799

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: xavier@viterifinancial.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOBILITY SOLUTIONS MIAMI LLC

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JUN 21 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOBILITY SOLUTIONS MIAMI LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

XAVIER VITERI

Name of Person

VITERI FINANCIAL CORPORATION

Firm/Company

6721 SW 69 TERRACE

Address

MIAMI, FL 33143

City/State and Zip Code

XAVIER@VITERIFINANCIAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XAVIER VITERI

786

262-1237

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301FILED
JUN 20 A 3:04
CLERK OF COURT
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MOBILITY SOLUTIONS MIAMI 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 06/05/2019

and assigned

Florida document number L19000142210

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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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>	<u>Type of Action</u>
MGR	CHRISTIAN AMEJEIRAS BINIAT	19370 COLLINS AVE SUITE #503 SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MBR	LUCAS MACIEL RAMOS MEJIA	19370 COLLINS AVE SUITE #503 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E-116577

SECRET

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(v) The 90th day after the record is filed.

Dated JUNE 19

2019

Signature of a member or authorized representative of a member

Typed or printed name of signer