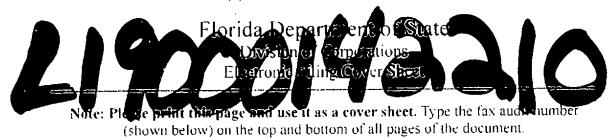
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VITERI FINANACIAL CORPORATION

Account Number : 120180000091 : (786)390-6735 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 RESIG MOBILITY SOLUTIONS MIAMITLE

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ARTICLES OF AMENDMENT TO

' ARTICLES OF ORGANIZATION OF

MOBILITY SOLUTIONS MIAMI LLC	· · ·	_
(Name of the Limited Liability Com (A Florida Limite	inany as it new appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 06/05/2019 and	assigned
Florida document number 1.19000142210		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation	"LLC."
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)		
	ASSOCIATION ASSOCI	<u></u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	te address on our records. enter the mane of the	new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oddress	
	, Florida	
	City Zip Co	xde

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.

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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> Citle</u>	Name	Address	Type of Action
AMBR-	Agustin Eduardo Guevara	19370 COLLINS AVE - SUITE #503	Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			☐ Change
			□Add
			[] Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
		<u></u>	□ Change
			DbAG
			<u>□</u> Rепюче
			Change

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	pro
	
	<u> </u>
fective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Prote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be determined to the Department of State's records.	ursuant to 605,020 ill not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The S is filed.	90th day after the
ated December 9 2019	
Signature of a member of without sed representative of a member	
Agustin Eduardo Guevara	

Filing Fee: \$25.00