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1/26/21
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 17 MOBILITY GROUP LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Andreas R Perdicaris

Name of Person

17 Mobility Group

Firm Company

Miami, FL - 33131 - Suite 1630

Address

Miami, FL - 33131

City State and Zip Code

aperdicaris@i7mg.com

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

For further information concerning this matter, please call:

Andreas R Perdicaris

407

449-6656

at ()

Name of Person

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 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

17 MOBILITY GROUP 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 06/25/2020 and assigned
Florida document number L20000178027.

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: Perdicaris, Andreas R

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

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	ROVAL, ALEXANDRE C	1 SE 3RD AVE	<input type="checkbox"/> Add
		Suite 1630	<input checked="" type="checkbox"/> Remove
		Miami, FL - 33131	<input type="checkbox"/> Change
MGR	Perdicaris, Andreas R	1 SE 3RD AVE	<input checked="" type="checkbox"/> Add
		Suite 1630	<input type="checkbox"/> Remove
		Miami, FL - 33131	<input type="checkbox"/> Change
MGR	Colombo, Isabelle	1 SE 3RD AVE	<input checked="" type="checkbox"/> Add
		Suite 1630	<input type="checkbox"/> Remove
		Miami, FL - 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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If the record 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 record is filed.

2020

Signature of a member or authorized representative of a member

Alexandre C. Rovai

Typed or printed name of signee

Filing Fee: \$25.00