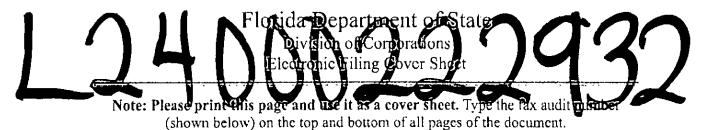
10/21/24, 12:05 PM

Division of Corporations



(((H24000350320 3)))



H240003503203ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOBICON LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

OCT 2 1 2024

Electronic Filing Menu Corporate Filing Menu

Help

Page, 3 of 5 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOBICON LLC (Name of the Limited Liability Compa (A Florda Limited	any as it now appears on our records.	<u>)</u>
(A Florida Limited	Liability Company)	•
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000222932</u>	were filed on 05/13/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company" the designation "LLC"	or the abheniation "L. C."
-	1664 N. FEDERAL HWY.	
Enter new principal offices address, if applicable:	BOCA RATON, FL 33432	2024 C
(Principal office address MUST BE A STREET ADDRESS)		
		2 2
Enter new mailing address, if applicable:	1664 N. FEDERAL HWY.	
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33432	
(Milling Bauress MAT BE A FOST OF THE BOA)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	audress on our records, <u>enter t</u>	ne name of the new registers
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
New Registered Agent's Signature, if changing Registered Agent:		·
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F	I I am familiar with and S.S. Or, if this document is
company has been notified in writing of this change.	adaress, 1 nereby confirm that	,

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

From: Yanet Avil-

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	OZTAS, VOLKAN	1664 N. FEDERAL HWY.	∐Add
		BOCA RATON, FL 33432	□Remove
			■ Change
AMBR	MENGULOGLU, SULEYMAN A	1664 N. FEDERAL HWY.	
		BOCA RATON, FL 33432	□Remove
			≝ Change
			□Add
		41-0-	Remove 2024
			No. of the second secon
			THE Commove 35
			□Add
			□Remove
			☐Clunge
			□Add
		·	□Remove
			□ Change

			····	
				
	·			**
		-		
				~
			<u> </u>	1024
<u></u>				 8_
			E L	
			\$5.50 \$0.00	
-			<u> </u>	
				2: 35
			· #	35
	==			 ,
ffective date, if other than the date of	filing:		(optional)	
an effective date is listed, the date must be specifi ote: If the date inscrted in this block does	ic and cannot be prior to	date of filing or more th	an 90 days after filing.) Pur	suant to 605.02
ocument's effective date on the Department		e statutory ming req	anomona, una dute win	not oc noted
record specifies a delayed effective date, bu	it not an effective time	e, at 12:01 a.m. on the	e earlier of: (b) The 90	th day after th
october 21	2024			
Such Mai				
Journ J. C.	of a member or authoriz			