

L2400022932

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

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

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M. SOLOMON
OCT 21 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOBICON 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 05/13/2024 and assigned
Florida document number L24000222932.

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)

1664 N. FEDERAL HWY.

BOCA RATON, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1664 N. FEDERAL HWY.

BOCA RATON, FL 33432

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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

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

Title	Name	Address	Type of Action
AMBR	OZTAS, VOLKAN	1664 N. FEDERAL HWY.	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MENGULOGLU, SULEYMAN A	1664 N. FEDERAL HWY.	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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John Mc-

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