

W25000096564 Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000096564 3))



H250000965643ABC4

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 : ORANGE BUSINESS SOLUTIONS INC Account Number : I20210000133 Phone : (305)417-9919 Fax Number : (305)938-8087

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 NEXORMOBILE LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (0), Page Count (03), Estimated Charge (\$25.00)

RECEIVED

2025 MAR 14 PM 12:00 DEPT. OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

2025 MAR 14 AM 10:35 DEPT. OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXORMOBILE 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 02/17/2025 and assigned Florida document number L25000079712

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)

935 Catalonia Ave Suite 8 Coral Gables, FL 33134

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

935 Catalonia Ave Suite 8 Coral Gables, FL 33134

FILED 2025 MAR 14 10:35 AM STATE OF FLORIDA

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: ORANGE BUSINESS SOLUTIONS INC
New Registered Office Address: 2100 Coral Way PH704
Miami, Florida 33145

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.

Juan Hernandez

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

