

ML3000007552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

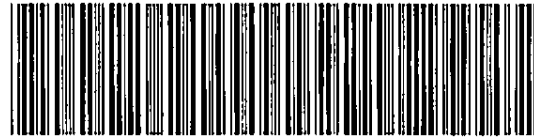
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/28/17--01017--002 **25.00

17 DEC 28 AM 7:32
U.S. DEPT. OF STATE
EMBASSY OF LONDON



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- Delaware USA Offshore Companies
- Foreign Consulate Document Legalization
- Renewal & Revival of Charter
- Dissolution/Cancellation of Charter
- Amendments
- US Bank Account Introduction Services

3422 Old Capitol Trail, Suite 700 - Wilmington, Delaware 19808 USA
Ph 1.800.423.2993 (1.302.996.5819) - Fax 1.800.423.0423 (1.302.996.5818)
support@dbiglobal.com - www.dbiglobal.com

December 26, 2017

Division of Corporations
Registration Section
P.O Box 6327
Tallahassee, FL 32314

Re: **Certificate of Amendment Mojo BMX LLC**

Dear Ladies and Gentlemen:

Enclosed please find a **Certificate of Amendment Mojo BMX LLC** for the above LLC together with a check for \$25.00.

If you require any further information, payment or documentation to effect the **Certificate of Amendment Mojo BMX LLC** of this foreign LLC, please contact me by phone at 302-996-5819, fax 646-349-4780 or email Support@DBIGlobal.com.

Please return the proof of filing by email or fax or if these options are not available to:

Attn: Barbi Reynolds
Delaware Business Incorporators, Inc.
3422 Old Capitol Trail Ste 700
Wilmington DE 19808

Thank you for your kind assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbi Reynolds", is written over a horizontal line.

Barbi Reynolds, Incorporation Specialist Paralegal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mojo BMX LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbi Reynolds

Name of Person

Delaware Business Incorporators, Inc.

Firm/Company

3422 Old Capitol Trail Suite 700

Address

Wilmington, DE 19808

City/State and Zip Code

barbi.reynolds@dbiglobal.com

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

For further information concerning this matter, please call:

Barbi Reynolds

Name of Person

at (302) 996-5819

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Mojo BMX LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

7000 BRYAN DAIRY RD #B2
LARGO, FL 33777

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000007552

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/02/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

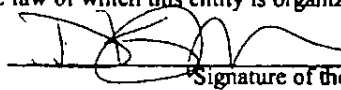
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

DELANEY JOHNSON MORRISON
Typed or printed name of signee

Filing Fee: \$25.00