## L08000060056

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DIVISION OF CASPAGATION

## **COVER LETTER**

Division of Corporations				
SUBJECT:	WASP MODICE LLC			
	Name of Limited Liability Company			
	Articles of Amendment and fee(s) are submitted for filing.			
	ANTHONY CATIVELLA  Name of Person			
	WASP MOBILE LLC Firm/Company			
	6421 CONGRESS AUE # 201 Address			
	Address			
	BUCA RATION +1. 33487			
	City/State and Zip Code  Rick e wasp mubic E. Com  E-mail address: (to be used for future annual report notification)			
For further info	ormation concerning this matter, please call:			
HMA_	at (56), 945-7244			
	Name of Person Area Code & Daytime Telephone Number			
Enclosed is a c	heck for the following amount:			
\$25.00 Fili	ring Fee \$\ \$\sum_{\text{\$\ctinx{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION OF CORPORATION
10 DEC -7 PM 3: 40

		111 3: 47
WASP MO	bLE LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears o	n our records.)
	_	
The Articles of Organization for this Limited Liability Compan	y were filed on 6	and assigned
Florida document number LO 80000 60056		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
WASP MOBILE	LLC	
The new name must be distinguishable and end with the words "Lin'L.L.C."	nited Liability Company,	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NI	4
Principal office address MUST BE A STREET ADDRESS)	, ,	
		,
Enter new mailing address, if applicable:	<u> </u>	A
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered or registered agent and/or the new registered office address here.</li> </ol>		records, enter the name of the new
	- 1	
Name of New Registered Agent:	NA	
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 608, 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

ading the Managers or Managing Members on our records, enter the title, name, and address of each Manager aging Member being added or removed from our records: .€= Manager MGRM = Managing Member <u>Title</u> Type of Action <u>Name</u> Edward INARI Sh. 6421 Congress Are #201

BOOM MATURE AT 33487 Remove ☐ Add Remove mer SAJAN ShIVA ∏ Add Remove □Add Remove ∏Ađd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Remove SAJAN ShivA AS MANAGEL. Signature of a member or authorized representative of a member ANTHONY Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00