## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : NATALIE M. BURMS PL

Account Number: I20140000036 Phone : (305)733-8223 Fax Number : (866)883-7019

\*\*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 TRANSMOBILITY, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSMOBILITY, LLC			
(Name of the Limit	ed Liabitity Company as it now app (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on	01/30/2015 and ass	signed
Florida document number 1.15000018615			
Florida document number	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company	here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," th	te designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
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			₹
Enter new mailing address, if applicable:			<del>5</del> 1
(Mailing address MAY BE A POST OFFICE	BOX)		<del>+</del> + -
			<del>.</del>
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B. If amending the registered agent and	or registered office address	on our records, enter the name	Not the new
registered agent and/or the new registered o	ffice address here:		<u>ಎ</u>
Name of New Registered Agent:	GARY BLOCKER		
Name of New Regimered President			
New Registered Office Address:	210 SW OCEAN BLVD #B	Florida street address	- <del></del>
	Enter		
	STUART	, Florida <sup>34994</sup>	
	City	Zip Code	e

## 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.

Occasioned by

It has being 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>	Address	Type of Action
MGR	EDWARD W. EVANS	2820 SUSAN AVE	
		PALM BEACH GARDENS.	
		FL 33410	
MGR	ANNABIELC, NICOL	3638 SW SUNSET TRACE CIR	<b></b>
		PALM CITY, Ft. 34990	
			□ Change
MGR KELSE	KELSEY ROGERS	2820 SUSAN AVE	O Add
		PALM BEACH GARDENS	☐ Remove
		FL 33410	🗆 Change
AMBR	GARY BLOCKER	52 RILEY RD	<b>=</b> Add
		#123	
		CELEBRATION, FL 34747	
AMBR	SHERRIE BLOCKER	52 RILEY RD	<b>⊑</b> Add
		#12.3	□ Remove
		CELEBRATION, FL 34747	□ Change
			☐ Remove
			☐ Change

mame	ending any other info	ormation, enter change(s) he	ere: (Attach additional sheets,	if necessary.)	(((H20000091415 3
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Note:	If the date inserted in t	to the date of filing:  te must be specific and cannot be problem block does not meet the applicate Department of State's record	or to date of filing or more than 90 dilicable statutory filing requirements.	_ (optional) ays after filing.) Purs nts, this date will r	uant to 605 0207 (3)(b) not be listed as the
	cord specifies a del 90th day after the		not an effective time, at 13	2:01 a.m. on ti	ne earlier of:
Dated	March 23	2020			
	DocuSigned by				
	TAWAKA EYAN	<u> </u>	thorized representative of a member		
	+3895+ CC35124R8	Signature of a member or au	thorized representative of a member		

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Filing Fee: \$25.00