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DEC - 8 2019

COVER LETTER

Wattrod M	lobility, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
	ondence concerning this matter	-	
	Maura McCarthy Bulmar	_	
	Maura McCarthy Bulmar	Name of Person), PLLC	
	4700 Sheridan Street, Sui	Firm/Company te J	
	Hollywood, Florida 3302	Address	
	mbulman@mmbpa.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	fication)
	oncerning this matter, please c	all:	
Maura McCarthy Bulma	an, Esq.	954 510-2822 at ()	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

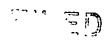
TO:

Registration Section Division of Corporations

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



Wattrod Mobility, LLC		ZE19HOY - 7 PH 6: 35
(Name of the Limit	ted Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited L. Torida document number	iability Company were filed on _	June 9, 2017 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of Wattrods Mobility, LLC	f the limited liability company l	tere:
he new name must be distinguishable and contain the v	vords "Limited Liability Company." the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic <u>Principal office address MUST BE A STREE</u>	 -	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered o		on our records, enter the name of the
Name of New Registered Agent:	Maura McCarthy Bulman, Esq.	
New Registered Office Address:	4700 Sheridan Street Suite J	
	Enter Fl	orida street address
	Hollywood	, 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.

I 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>	Address	Type of Action
			□ Remove
			Change
			Remove
			□ Change
		<u> </u>	□ Remove
			Change
			Add
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Effective date, if other than the iff an effective date is listed, the date mu	date of filing:	and a second second second	(optional)
Note: If the date inserted in this b	lock does not meet the appli	cuble statutory filing require	ments, this date will not be list
document's effective date on the D	repartment of State's record	h _e	
he record specifies a delaye		ot an effective time, a	t 12:01 a.m. on the earli
The 90th day after the rec	ora is filea.		
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October 30	2019		
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Filing Fee: \$25.00