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.

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Division of Corporations

Fax Number | : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856

Fax Number : (800)354-3381

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 BLUFOX MOBILE FL LLC

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Certificate of Status	0
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Nov. 18. 2021 1:35PM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUFOX MOBILE FL LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records imited Linbility Company))
The Articles of Organization for this Limited Liability Co.	mpany were filed on 04/18/2019	and assigned
Florida document number L19000106779	- '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
BLUFOX MOBILE FLORIDA 1 LLC		
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)	702.
		- NO -
		
Enter new mailing address, if applicable:		00
.		₹ IT
(Mailing address MAY BE A POST OFFICE BOX)		
		- 2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	s
·		orida
	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

(421/194267093)

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action <u>Address</u> Title <u>Name</u> □Add ___ Remove _____ Change _____ □Add Remove Change __ 🗆 Remove ____ Change _____ □Add ____ 🗆 Remove ___ Change ____ □Change \Box Add Remove Change

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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	tive date, if other than the date of filing:
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the iled.
Dated	Salon Clark
	Signature of a member or authorized representative of a member
	SANDEEP CHATRATH

CH210004267093)