

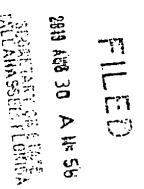
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COVER LETTER

TO:

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

TEF EXPRESS MOBILE BILLBOARD LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JEAN MARIE, WESLY Name of Person Firm/Company 6752 PETUNIA DR Address MIRAMAR, FL 33023 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 704-3336 JEAN MARIE, WESLY Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TEF EXPRESS MOBILE BILLBOARD LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company v	vere med on	WEEN	and assigned
Florida document number L19000207602	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liabil	ity company	here:	
The new name must be distinguishable and contain the words "L.	imited Liabilit	y Company," th	e designation "I.	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADI	DRESS)			
Fatan and and line address if applicables				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				,
B. If amending the registered agent and/or reg	gistered off	ice address	on our reco	rds, enter the name of the
registered agent and/or the new registered office ac	<u>ldress here</u> :	:		
Name of New Registered Agent:		. <u></u> .		
New Registered Office Address:				
		Enter l	Florida street ada	lress
			,	FloridaZip Code
		City		Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:			
I hereby accept the appointment as registered ager				
provisions of all statutes relative to the proper and accept the obligations of my position as registered		-	•	
being filed to merely reflect a change in the register	•	•	•	-

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CASSANDRA JACKSON	6752 PETUNIA DR MIRAMAR, FL 33023	
			Remove
			Change
			Remove
			Change
.			Add
			☐ Remove
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f an eff <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	··
	(1) a de Care Maria
	Wesly Jean-Marie Jignature of a member or authorized representative of a member

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Filing Fee: \$25.00