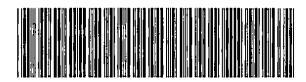
19000218246

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| ertified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section Division of Corporations

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| up trow. | Florida Mobility Solut | ions, LLC | |
|---------------------------|--|---|--|
| UBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| he enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | |
| ease return all corres | spondence concerning this matter | to the following: | |
| | Ganon J. Studenbo | erg, Esq. | |
| | | Name of Person | · |
| | Studenberg Law | | |
| | | Firm/Company | |
| | 1119 Palmetto Av | renue | |
| | | Address | |
| | Melbourne, FL 32 | 901 | |
| | | City/State and Zip Code | |
| | info@studenbergla | aw.com | |
| | E-mail address: (| to be used for future annual report no | tification) |
| or further information | n concerning this matter, please c | all: | |
| Ganon J. Stud | lenberg, Esq. | 321 722-2420 at () | |
| Nam | e of Person | Area Code Daytii | me Telephone Number |
| | | | |
| nclosed is a check fo | r the 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) |
| | | | |
| | n Section Corporations | Street Address: Registration So Division of Co | orporations |
| P.O. Box 6 Tallahassee | 327 e, FL 32314 | The Centre of 2415 N. Monro Tallahassee, F | oe Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 E . D 20 PM 12: 23

| Florida Mobilit | y Solutions, LLC | | |
|--|--|--|---------------------------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited) | ny as it now appears on our reco Liability Company) | ords.) |
| : Articles of Organization for this Limited L rida document number L19000218246 | iability Company | were filed on August 26, 201 | 9 and assigned |
| s amendment is submitted to amend the foll | owing: | | |
| If amending name, enter the new name of | f the limited liab | ility company here: | |
| new name must be distinguishable and contain the | vords "Limited Liabi | lity Company," the designation "L | LC" or the abbreviation "L.IC." |
| ter new principal offices address, if applicable: | | 268 N. Wickham Road | |
| | | Melbourne, FL 32935 | |
| | | 268 N. Wickham Road | |
| ter new mailing address, if applicable: | | Melbourne, FL 32935 | |
| ailing address MAY BE A POST OFFICE | <u> </u> | | |
| If amending the registered agent and/or ent and/or the new registered office addre | ., | address on our records, <u>ent</u> | er the name of the new regist |
| Name of New Registered Agent: | GANON J. STUDENBERG, ESQ. | | |
| New Registered Office Address: | 1119 Palmetto | | |
| | | Enter Florida street add | ress |
| | Melbourne | | Florida 32901 |
| | | City | Zip Code |

w Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

GR = Manager
MBR = Authorized Member

| <u>tle</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|------------|--------------|---------------------------------------|-----------------------------------|
| GR | Joseph Crimi | 268 N. Wickham Road | □Add |
| | | Melbourne, FL 32935 | □Remove |
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| ctive date, if other than the date effective date is listed, the date must be see: If the date inserted in this block cument's effective date on the Depart | pecific and cannot be prior to does not meet the applicab | date of filing or more le statutory filing r | (option) than 90 days after fil equirements, this d | ing.) Pursuant to 605.0201 |
| ord specifies a delayed effective dat filed. | e, but not an effective tim | e, at 12:01 a.m. on | the earlier of: (b) | The 90th day after the |
| December 16 | 2019 | _ • | | |
| | | | <i>(</i> - | |
| Sign | ature of a member or author | zed representative of | a member | · |
| | / / | | | |

Filing Fee: \$25.00