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(Re	equestor's Name)	
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COVER LETTER

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Registration Section

Division of Cor	porations		
Tingo Mob	ile LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Peter R Barker - EVP		
		Name of Person	
	Tingo Mobile LLC		
		Firm/Company	
	1 Harbor Point Road - AP	Γ 454	
		Address	· · · · ·
	Stamford, CT		
		City/State and Zip Code	
	peter@ebhart.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Peter Barker		646 413-9500 at ()	
Name o	f Person	Area Code Daytin	ne 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 Addres Registration		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document numberL19000278958		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1 Harbor Point Road	S 28
(Principal office address MUST BE A STREET ADDRESS)	APT 454	70 B
	Stamford, CT 06902	C arrand
Enter new mailing address, if applicable:	1 Harbor Point Road	6 P 1
(Mailing address MAY BE A POST OFFICE BOX)	APT 454	F 6 4
	Stamford, CT 06902	PA 09
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	me name of the new registered
New Registered Office Address:	Enter Florida street address	
	Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, an provided for in Chapter 605, l	d I am familiar with and F.S. Or, if this document is
If Cha	nging Registered Agent, <u>Signature o</u>	f 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
EVP	Peter R. Barker	l Harbor Point Road	■Add
		APT 454	□ Remove
		Stamford, CT 06902	□Change
AMBR	Peter R. Barker	1 Harbor Point Road	= Add
		APT 454	□Remove
		Stamford, CT 06902	□Change
			SECRETARY OF GIATI
			□ Remove
			□Add
			□ Remove
			Change
			□Add
			🗀 Remove
			□Change

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Typed or printed name of signee

Filing Fee: \$25.00