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SECRETARY OF STATE SECRETARY OF STATE STALLAHASSEE, FL DIVISION OF CORPORATIONS

RECEIVED

COVER LETTER

ection porations		
ty Solutions, LLC		
Name of Lin	ited Liability Company	
Amundment and fue(s) are sub	omitted for filing	
	_	
Logan Parker		
	Name of Person	
Bass Sox Mercer		
	Firm/Company	
2822 Remington Green Ci	rele	
	Address	
Tallahassee, Florida 32308	3	
-	City/State and Zip Code	
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		utication)
	850 878-6404	
Name of Person		ne Telephone Number
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	<u>Street Address:</u> Registration Sc	ection
orporations	Division of Co	rporations
7 7L 32314	The Centre of	Tallahassee be Street, Suite 810
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Logan Parker

Tallahassee, FL 32303

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

FILED

7112 MAY 26 PM 5: 20

VIP Mobility Solutions, LLC

(Name of the Limited Liability Company as it now appears on our restaut AHASSEE, FI

The Articles of Organization for this Limited Liability Conforda document number <u>L21000409513</u>		ptember 16, 2021	_ and assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limi	ted liability company ho	ere:				
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the d	lesignation "LLC" or the abbre	viation "L.L.C."			
Enter new principal offices address, if applicable:	<u></u>					
(Principal office address MUST BE A STREET ADDR						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our r	ecords, <u>enter the name o</u>	f the new registered			
Name of New Registered Agent:						
New Registered Office Address:	Enter Ele	rida street address				
	City	, Florida	Zip Code			
New Registered Agent's Signature, if changing Registered	l Agent:					
I hereby accent the appointment as registered agent a	and agree to act in this	canacity I further agree	to comply with the			

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 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
MGR	Juan Carlos Correa Ballesteros	696 Beal Parkway Northwest	□Add
		Fort Walton Beach, Florida 32547	■ Remove
			□Change
MGR	William A. Sauls II	696 Beal Parkway Northwest	= Add
		Fort Walton Beach, Florida 32547	□Remove
			□ Change
			🗆 Add
		-1	□Remove
			□ Change
			□Add
			□Remove
			Change
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ocument's effe	ective date on	the Departmen	nt of Stat	ie's record	s.	, 0	•			
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a is med.										
May 26)	2022						
bated	1//		—· ·							
Pated		. //								

Filing Fee: \$25.00

Typed or printed name of signee