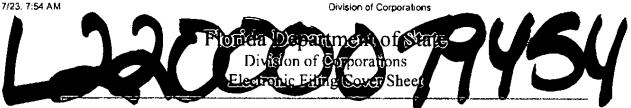
4/17/23, 7:54 AM

To:



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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600

Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future er the email address for this obstitute thirty annual report mailings. Enter only one email address please.**

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTRAL FLORIDA MOBILE SERVICES LLC

Certificate of Status	0
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Help

T. LEMIEUX APR 18 2023



COVER LETTER

TO: Registration S Division of Co	Section orporations		`
	L FLORIDA MOBILE SERVIC	ES LLC	• ,
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fi		
		Address	
	Glendale, CA 91203		
	mattgrissom7@gmail.com	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	fication)
For further information of	concerning this matter, please cal	u:	
Cheyenne Moseley		800 773-0888	
Name (of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL FLORIDA MOBILE SERVICES LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) hy Company)	
The Articles of Organization for this Limited Liability Company were Florida document number 1.22000079454	e filed on 02/17/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRESS)		.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter-t	the name of the new
Name of New Registered Agent:		. 0
New Registered Office Address:		7
	Enter Florida street address Florida	PH
	Cuy	: , -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 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	STRUTHERS, AUSTIN M	_	
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			Remove
			Change
			Add
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			☐ Change
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•	Page; 6 of 6	2023-04-17 05:57:53 PDT	LegalZoom.com, Inc.	From: Leura Rodriguez
D. If an	nending any other infort	nation, enter change(s) here: (Attach	additional sheets, if necessary.)	
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(If an e <u>Note</u>	If the date inserted in this	ust be specific and cannot be prior to date of file	(optional) ng or more than 90 days atter filing.) Pursuant to 6 y filling requirements, this date will not be li	05.0267 (3½b) sted as the
If the re (b) Th	ecord specifies a delay e 90th day after the re	ed effective date, but not an effection and effection and effection and effective filed.	tive time, at 12:01 a.m. on the ear	lier of:
Dated	i <u>Dec 7</u>	6th 2027.		
	** or ork trib trib, so have down or analytical basis, w	Signature of a member or unihorized represe	ntative of a member	
	MATTHEW SHONE	E GRISSOM		
		Typed or printed name of sig	mee	

Page 3 of 3

Filing Fee: \$25.00