N 1800002235

(Re	equestor's Name)		
(Ad	Idress)		
(Ād	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
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C. GOLDEN ATR 1 7 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Tampa Bay Mobility /			
DOCUMENT NUMBER: _	N18000002235			
The enclosed Articles of Am	endment and fee are submi	ned for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
		Nikki Steen		
	(Name of Contact Persor	1)	
		Legal Filings, Inc.		
		(Firm/ Company)	_	
	1683	0 Ventura Blvd, Suite #	360	
		(Address)		
		Encino, CA 91436		
	(City/ State and Zip Cod	e)	
		,		
	-mail address: (to be used		nouncation)
For further information conc	erning this matter, please o	all:		
Nikki Steen	818-380-190C			
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pay	able to the Florida Dep	artment of	State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & I Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing	Addrass	Street	Address	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

2018 *FP 15 FX 2: 02

Т	ampa Bay Mobility Alliance, Inc	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
(Name of Corporation as	currently filed with the Florid	a Dept. of State)
	N18000002235	•
(Documen	t Number of Corporation (if know	wn)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For F	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "e "Company" or "Co," may not be used in the name,	orporation" or "incorporated" (The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		
(Principal office address MUST BE A STREET ADD	<u>KESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, en office address:	ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florid	u street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the	obligations of the position.
	Signature of New Registere	d Avent if changing

If ainending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office tule:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	on <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	T	Mark Sharpe	501 E. Kennedy Blvd, Suite #910
Add x Remove			Tampa, FL 33602
2) Change	<u>T</u>	Roberto Torres	15302 Winterwind Drive
X Add Remove			Tampa, FL 33624
Add			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(be specific)					
						
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The date of each amendment(s) adoption;	, if other than the
late this document was signed.	
Offective date if applicable:	
(no more than 90 days after amendment file date)	
Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date work occument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(was/were sufficient for approval.	(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 4/4/21X Signature 4/4/21X	
(By the chairman or vice chairman of the hoard, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	;
Cesar Hernandez	
(Typed or printed name of person signing)	
President/Director	
(Title of person signing)	