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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: UTL 50R UC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Extremez Mates
Name of Person
1845 Fast west Parkway Address
Flening Isle, FL 32003. City/State and Zip Code
E-mail address: (to be used for future innual report notification)
For further information concerning this matter, please call:
Marco 6 streffe? Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Status S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

DOFLSOR 4	CC . HISTOR MI 8:00
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19 00017 3838</u> ,	were filed on 07/03/2019 and assigned
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 "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1895 East, west Parkingy
(Principal office address MUST BE A STREET ADDRESS)	Fleming Isle, FL 32003
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1845, East west Parking
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	, Florida
	$z_{ij} \in \partial u^{i}$

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 Changing Registered Agent, Signature of New Registered Agent

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address All St. 17 All 8:00	Type of Action
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Filing Fee: \$25.00