

10/21/22, 9:33 AM

Division of Corporations

# Florida Department of State

# L19 000293485

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)389-0502

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

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UCB BOOK COMPANY LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UCB BOOK COMPANY LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/02/2019 and assigned Florida document number L19000293488

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 Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9200 NW 39th Ave., Ste. 130-3199

Gainesville, FL 32606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9200 NW 39th Ave., Ste. 130-3199

Gainesville, FL 32606

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 Changing Registered Agent, Signature of 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Fire Hawk Express Trust	9200 NW 39th Ave., Ste. 130-3199 Gainesville, FL 32606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alejandro Boullon	9200 NW 39th Ave., Ste. 130-3199 Gainesville, FL 32606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alejandro Boullon		<input type="checkbox"/> Add
		9200 NW 39th Ave., Ste. 130-3199 Gainesville, FL 32606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Luis Domingo Boullon		<input type="checkbox"/> Add
		9200 NW 39th Ave., Ste. 130-3199 Gainesville, FL 32606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

