L21000001682

| (Re | equestor's Name) | |
|-------------------------|--------------------|----------------|
| (Ad | idress) | |
| (Ad | idress) | |
| (Cir | ty/State/Zip/Phone | (#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

Tallahassee, FL 32314

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT: MORANW | 'AY LLC | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | IURII KOLTSOV | | |
| | | Name of Person | |
| | MORANWAY LLC | | |
| | | Firm/Company | |
| | 2380 Drew ST Ste 3 | | |
| | <u> </u> | Address | |
| | Clearwater, FL 33765 | | |
| | | City/State and Zip Code | |
| | golzpartners@gmail.com E-mail address: (| to be used for future annual report notif | fication) |
| For further information c | oncerning this matter, please c | all: | |
| IURII KOLTSOV | | at (305) 539-8140 | |
| Name o | f Person | Area Code Daytime | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: | |
| Registration S | | Registration Sec Division of Cor | |
| Division of C P.O. Box 632 | | The Centre of T | - |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FHED

| MORANWAY LLC | | 2023 MAR -8 AM (1:1) |
|---|--|---------------------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | lity Company as it now appears on our record da Limited Liability Company) | secretary : ; TALLAHASSEE : ; |
| The Articles of Organization for this Limited Liability (| Company were filed on 12/22/2020 | and assigned |
| Florida document number L21000001682 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| United Drivers Holding LLC | | |
| The new name must be distinguishable and contain the words "Lir | nited Liability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | _ |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | · · · · · · · · · · · · · · · · · · · |
| | Fla | orida |
| | 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 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 |
|--------------|-------------|-------------|----------------|
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| fective date, if other than | | | (optional) |
| ote: If the date inserted in th | e must be specific and cannot be pairs block does not meet the applied because the contract of State's reco | plicable statutory filing requ | n 90 days after filing.) Pursuant to 605.0207 irements, this date will not be listed as |
| ecord specifies a delayed efferis filed. | ective date, but not an effective | ve time, at 12:01 a.m. on the | earlier of: (b) The 90th day after the |
| | | | |
| ited March 2 | | <u>//</u> . | |
| | 1/1/2 | | |
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| | _ / F NINI | uthorized representative of a mo | |

Typed or printed name of signee