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SECRUTARY OF STATE ALLAHASSEE, FLORIDA

> S. WARREN SEP 1 9 2017

## **COVER LETTER**

TO: Registration So Division of Cou			
SUBJECT:	ucea frogentics Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Liad	Name of Person	· · · · · · · · · · · · · · · · · · ·
		Properties U.C.	
	4 Aia	Address	
	Palm Dead	Gardens FL.  City/State and Zip Code	33418
		baber Sughoo. Com to be used for fuzze annual report notif	
For further information of	oncerning this matter, please ca	all:	
Linda	Baber	at (561) 596- Area Code Daytime	3725 Telephone Number
Enclosed is a check for t	he 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 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

Lucca Properties  (Name of the Limited Liability E (A Florida Lin	Company as it now appears of	n our records.)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liability Com Florida document number <u>LQ 7000568</u>		1/15/2017	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:	1		
Network Support Spacialis The new name must be distinguishable and contain the words "Limited	H. LL C Liability Company," the design	nation "LLC" or the abl	breviation "L.L.C	3."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u> (SS)		. <u>.</u>	
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
registered agent and/or the new registered office address  Name of New Registered Agent:	s nere:		·•····································	
New Registered Office Address:		•·· · •·· · · · · · · · · · · · · · · ·		<u>.</u>
	Enter Florida street address			
<del></del>	City	, Florida	Zip Code	<del></del>
New Registered Agent's Signature, if changing Registered Agent's	gent:		·	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my it as provided for in Cha	duties, and I am for opter 605, F.S. Or,	amiliar with a if this docum	and ent is
Ī	f Changing Registered Agent	, Signature of New Re	mi≺	
P	age 1 of 3	•	PR STA	0

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
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fective date, if other than effective date is listed, the c	late must be specific and c	annot be prior to date of	filing or more than 90 da	ys after filing.) Pursuant to	605.020
ote: If the date inserted in ocument's effective date or			tory ming requiremen	its, this date will not be	nsted as
e record specifies a de The 90th day after th		te, but not an eff	ective time, at 12	:01 a.m. on the ea	rlier o
Journ day and a					
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ated	Signature of a me	Ma Bube	esentative of a member	of Freder	\- - -
ated	Signature of a me	mber or authorized repr	esentative of a member	d David	FILED

Page 3 of 3

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