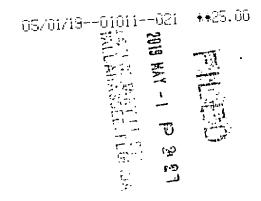
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(Req	uestor's Name)	
(Addi	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	





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NAY 10 29:3 T. LEMEUX

COVER LETTER,

Division of Cor				
SUBJECT:	Name of Lin	mited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	CARLO	Name of Person		
	Jam Gli	EEN BUILDE Firm/Company	es, uc	
	2434 HO	Lywood blvd Address	2rd Acol	
	Hollywoos	Flouda 33 City/State and Zip Code	ಶಾಲ	
	E-mail address: (D TIBER SERVICE to be used for future annual report notifi	fication)	
For further information co	ncerning this matter, please ca	all:		
VERONICA Name of	CAOLO TO Person	at (ASU) — HV V(OS 1 NON - FMS Telephone Number	9-sPM
Enclosed is a check for the	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

	UV, UC
(<u>Name of the Limite</u> ()	d Liability Company as it now appears on our records.) A Florida Limited Liability Company) 2019 MAY - 1 2 2 3
The Articles of Organization for this Limited Lia	bility Company were filed onand assigned
Florida document number <u>L11000093</u>	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new se address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
N. P. C.	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:

	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JCM COLEEN BUILDERS	LC 2434 Holywood EUD,	_ D Add
		2nd Floor, Hollywood FL	🗆 Remove
	HALTINEZ BALCELLANDI	33000	Change
MGR	GRACIELA BEATRIZ	2434 Holywood ELVD	D Add
		2nd Floor Hollywas	Remove
		FL 33020	_ Change
			_□ Add
			_□ Remove
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ran effec <u>Note:</u> If	e date, if other tive date is listed, the the date inserted nt's effective date	ne date must be sp in this block do	ecific and o	cannot be prio	r to date of fill		<u> </u>	ptional) after filing.) this date w	Pursuant to 60 vill not be lis	 05.020 sted a
		delayed offe	ctive da	te, but no	ot an effec	tive time,	at 12:0	1 a.m. o.	n the earl	ier o
e reco The 9	rd specifies a Oth day after	the record is	filed.							
3	our day arter		s filed.	2019	3	5				
e reco The 9 Pated	our day arter	P-CH	,	2019	Orizanteprest	3				

Page 3 of 3

Filing Fee: \$25.00