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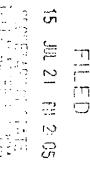
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Be	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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JUL 22 2015 S. YOUNG COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:C	unite by	HOLDINGS, LIC	
	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:	
	JUAN CAR	los navies	
		Name of Person	
		Firm/Company	7 3 5
	7911 NW	169 TER	
		Address	21 PH
	DIM DAIN	City/State and Zip Code	6
	MF NAVES (6 E-mail address: (DETINE. COM to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
JUM CARLOS Name of	Person	at (2005) 766-6 Area Code Daytime	SQZ4 Telephone Number
Enclosed is a check for th	e 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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	HOLDINGS UC
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 11200046395.	were filed on $04/04/2012$ 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 Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7911 NW 169 TER
(Principal office address MUST BE A STREET ADDRESS)	MINN LAKES FL 33016
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7911 NW 109 TER 33016
The state of the s	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	<u> </u>
	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

MGR = Mai AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
TIGR	PESSLER, MARINA	19370 COLUNG AVE CUI	
		SUNNY ISJES BEADON	□ Remove
•		FL 33/60	Change
MOR	MANUES, JUAN CARLOS	7911 NW 169TER	Add
		MIANI LAKES FL	□ Remove
		33016	Change
	•		2 Add D
			Remove
		:	Change
			□ Add
			Remove
			Change
			□ Add
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Effective date, if other if an effective date is listed Note: If the date insert document's effective date	, the date must be specifi ed in this block does t	ic and cannot be prior not meet the applic	able statutory filing r		iling.) Pursuant to	
ne record specifies The 90th day afte	a delayed effectiver the record is file	ve date, but no led.	ot an effective tim	ne, at 12:01 a.		-77
Dated JULY	12	_, 2015			21 PH	LED
		WOII	$\overline{\lambda}$		世の神	19985
	Signature	of a member or auth	orized representative of	a member	9	•
	9-10	INIA K				
	TUR		ed name of signee			•

Page 3 of 3

Filing Fee: \$25.00