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(Re	questor's Name)	
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(Do	cument Number)	
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6. Harry 07/20/21

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	LTIMATA Name of Limi	FLAGS LLC ted Liability Company	· <del>-</del>
The enclosed Articles of A	imendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jamo	S Forte Name of Person	
	ULTIN	NATE FLAGS Firm/Company	5 LLC
	_1115 Pou	1ce De Leon	Blud A5
	Belleo	City/State and Zip Code	56
	E-mail address: (t	City/State and Zip Code  US patriot FL  o be used for four annual report notil	005 COM
For further information co	ncerning this matter, please ca		
Jim Ford Name of	Person	at (407) 617 Area Code Daytime	2228 Telephone Number
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)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULTIMATIS		IWC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil.  US PATRIOT FLAGS LL  The new name must be distinguishable and contain the words "Limited Liabil."		_	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	TO SOUTH	22 29 112
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our rec	ords, enter the mame	of the new registered
Name of New Registered Agent:  New Registered Office Address:	1/A		
	Enter r lorid	a street address	
	City	, Florida	Zin 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>	Address	Type of Action
<del></del>			□Add
			Remove
			Change
	n		
		□Remove	
		□Add	
			Remove
			□Change
			□Remove
			Change
		□Remove	
		□Change	
			□Remove
			□Change

). If a'me	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	re date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	3 July 2024 for A
	Signature of a member or authorized ropiesentative of a member
	Typed or printed name of signee

Filing Fee: \$25.00