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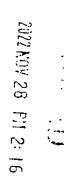
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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A. BUT! ER FEB * 8 2023

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations				
SUBJECT: US SURPL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	URI SEGEV			
		Name of Person		
	UV GROUP LLC			
		Firm/Company		
	1125 NE 125TH ST STE	101		
		Address		
	NORTH MIAMI, FL 3310	51		
	 	City/State and Zip Code		
	ANA@UVGP.NET	to be used for future annual report noti-	fication)	
For further information of	concerning this matter, please o		incut with	
ANA VESTIL		786 2457545		
Name o	of Person	at () Area Code Daytime	e Telephone Number	
Enclosed is a check for the	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		Street Address:		
Registration S Division of C		Registration Sec Division of Cor		
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

US SURPLUS LLC

2022 NOV 28 Pil 2: 16

(A Florida Lin	ompany as it now appears on our renited Liability Company)	EST TE
The Articles of Organization for this Limited Liability Com Florida document number £13000124797	pany were filed on <u>09/04/2013</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
WKS EXECUTIVE LLC		
The new name must be distinguishable and contain the words "Limited	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 ADDRES	(S)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	Tice address on our records, <u>e</u>	nter the name of the new regist
agent and/or the new registered office address here:	Enter Florida street a	ddress
Name of New Registered Agent:		ddress . Florida

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
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
**************************************			□ Add
		□Remove	
			Change
 		 	
			□Remove
			Change

	
- 1,	
	
ective date, if other	er than the date of filing:(optional) , the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ate on the Department of State's records.
_	
cord specifies a dela	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	\
Name 1	2022
November 14	. 2022
	Signature of a member or authorized representative of a member
	1. Signature of a mention of authorized representative of a member
URI SEGEN	<i>,</i>
	Typed or printed name of signee

Filing Fee: \$25.00