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District Themes

Amend

OCT : 1 2019

I ALBRITTON

COVER LETTER

Division of Cor	porations		
SUBJECT:	UVIDA FITUS Name of Limi	S Plus LLC ited Liability Company	
	Amendment and fee(s) are sub-	-	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Jenni Fer</u>	Name of Person	
	Florida	Firm/Company	LLC
	2820 Po	nu de Leon I	<u>)v.</u>
	Napus	FL 34105 City/State and Zip Code 2 FUVICIAFITUST to be used for future annual report notifit	
	Dennifer 6 E-mail address: (1)	Code used for future annual report notifi	OLUS. (CM cation)
For further information c	oncerning this matter, please ca	all:	
	C(eaves		7- 0046 Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Level Called Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or. if this debeing filed to merely reflect a change in the registered agent as provided for in Chapter 605. F.S. Or. if this debeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liad	Florida Fr	truss Y	IUS, LLC	•	
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II Changing Registered Agent, Signature of New Registered A			for C		
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Page 1 of 3

lf amend or remov	If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:			
MGR = AMBR =	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type c	
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Effective 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 the 90th day after the record is filed.
Dated 9 20 19
Signature of a member or authorized representative of a member
Jenni Fer Cleaves Typed or printed name of signee
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00