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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:					
Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Alexado Quintero Name of Person					
OADV, LLC Firm/Company					
3130 tyle 57					
Hollywood Ft 33021 City/State and Zip Code					
arexoradov. not					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
Alexandro Quintero at (954) Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

UADV, LLC	_
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400083006</u> .	were filed on 65/21/2014 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	7.423 SW 1学的AVC #596 Wimi 71 5 [] 33185
Mailing address MAY BE A POST OFFICE BOX)	[F]
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
Nove Dogistanad Agantle Cianatura if shanaing Dogistanad Agant.	

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
			□Add
			□Remove
			□Change
			SE DA Add
			Remove"
			P D Change
			□ Add
			Change
			□Add
			Remove
			ПRетоve
			□Add
			□Remove
			□Change

Page 2 of 3

<i>.</i> 11 au	ending any other information, enter change(s) here: (Attach additional sheets, if necessa	<i>(y.)</i>	
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:	g.) Pursuant to 605.0)207 (3)(I d as the
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	. on the earlier	r of:
Dated	January 12th . 7020		
	Signature of a member or authorized representative of a member		
	Alegado Vuintero Typed or printed name of signee		