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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

SUBJECT:	Name of Li	mited Liability Company	·
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing	
	ondence concerning this matte	_	
	David Moth		
		Name of Person	
	United Global Trust		
		Firm/Company	
	4700 Millenia Blvd		
		Address	
	Suite 175		
	Orlando FL 32839	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please of	all;	
David Moth		407 272-2115	
Name o	of Person	at () Area Code Daytime	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
MAILI	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United Global Trust			
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability (Company were filed on 07/11/2014	and assi	oned
Florida document number L14000110289			gried
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the a	bbreviation "L.I.	<u></u>
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADD	RESS)	18	-0
			CRE
		20	OF OF
Enter new mailing address, if applicable:		<u> </u>	23. 22. 23. 24. 25. 26.
(Mailing address MAY BE A POST OFFICE BOX)		မ	STA
			310
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter</u> iress here:	the name o	f the ne
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	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

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Marion Moth	10509 Boca Pointe Drive, Orland	
			Add
			Remove
			Change
			Remove
			Change
			Remove
			□ Change
			Remove
			Change
			Remove
			Change
			Remove
			□ Change

Effective date, if other than the date of filing: [20] [31] [4] [5] [6] [6] [7] [7] [7] [7] [8] [8] [8] [9] [9] [9] [9] [9	is. It amending any other into	rmation, enter change(s) here: <i>(Att</i>	ach additional sheets, if necessary.)
Effective date, if other than the date of filing:				
Effective date, if other than the date of filing:				 _
Effective date, if other than the date of filing:				
Effective date, if other than the date of filing:				_
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Effective date, if other than the date of filing:				_
Effective date, if other than the date of filing:				
Effective date, if other than the date of filing: [Optional] If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The 90th day after the record is filed. Dated July 12. 2018 David Moth David Moth				SECRI /ISION
Effective date, if other than the date of filing:				OF AF
Effective date, if other than the date of filing:				ORPO
Effective date, if other than the date of filing:	<u>-</u>			RATIO
document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated David Moth David Moth				- 2 35
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Dated July 12, 2018 Signature of a member of authorized representative of a member David Moth	document's effective date on th	, areas ages not ineer the annueanny clan	(optional) f filing or more than 90 days after filing.) Put utory filing requirements, this date wil	rsuant to 605.0207 (3 I not be listed as the
Signature of a member of authorized representative of a member David Moth	the record specifies a dela-) The 90th day after the r	red effective date, but not an effecord is filed.	fective time, at 12:01 a.m. on	the earlier of:
Signature of a member of authorized representative of a member David Moth	July 12,	2018		
David Moth				
	<u> </u>	Signature of a member of authorized repi	resentative of a member	
	David Moth			

Page 3 of 3

Filing Fee: \$25.00