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#### **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJE		on Properties LLC			
		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		Joyce Dubois			
			Name of Person		
		Hodge Vision Properties L	LC		
			Firm/Company		
	4332 nw 120th Lane				
			Address		
		Sunrise,FL,33323		<u> </u>	
		HodgevisionProperties@gn	City/State and Zip Code		
		·	to be used for future annual report notif	ication)	
For furt	her information c	oncerning this matter, please c	all:		
Joyce D	Pubois		954 600-0852 at ()_		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclose	d is a check for th	ne following amount:			
<b>■</b> \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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		

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

Hodge Vision Properties LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 08/25/2014	and assigned
Florida document number L14000132596		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
UDSE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		SE 28
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Enter new mailing address, if applicable:		ASY F
Mailing address MAY BE A POST OFFICE BOX)		
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		₩ <b>છ</b>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	ter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	dress
		Florida
	Cin <sup>,</sup>	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 ompany 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>	Name	Address	Type of Action
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			□Remove
			□Change
			□ Add
		<del></del>	□Remove
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			□Change

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ective date, if other than t	he date of filing: 08/23/2014	(optional)	)
te: If the date inserted in this	nust be specific and cannot be prior to date of filin block does not meet the applicable statutor		
cument's effective date on the	Department of State's records.		
record specifies a delay	ed effective date, but not an effec	tive time, at 12:01 a.m.	on the earlier
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