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T I L L D

COVER LETTER

TO:	Registration Sc Division of Cor	ction '		
SUBJE	C11-1	TMENTS, LLC		
0013371	· ·	Name of Lin	ited Liability Company	
The enc	losed Articles of a	Amendment and fec(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Benjamin Cottrell		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Cottrell Tax & Accounting	g 1.1.C	
			Firm/Company	
		5633 Naples Blvd		
			Address	
		Naples, FL 34109		
			City/State and Zip Code	
		admin@cta.tax		
		E-mail address; (to be used for future annual report notif	fication)
For furth	ner information co	oncerning this matter, please c	all:	
Benjam	in Cottrell		239 449-4881	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed	d is a check for th	e following amount:		
≡ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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**

UK INVESTMENTS, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	

	(A Florida Limited Liability Compa	my)	
The Articles of Organization for this Limited 1 Florida document number $\frac{L14000151506}{L14000151506}$.iability Company were filed or	1 09/25/2014	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if appli	cable:		2
(Principal office address MUST BE A STRE.	ET ADDRESS)	الــــــــــــــــــــــــــــــــــــ	22 DEC
Enter new mailing address, if applicable:		27 97 97	-9 PM
(Mailing address MAY BE A POST OFFICE	<u></u>		S 12 U
B. If amending the registered agent and/or agent and/or the new registered office addre		ur records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	Cottrell Tax & Accounting L	l.C	
New Registered Office Address:	5633 Naples Blvd		
	Enter	r Florida street address	
	Naples	, Florida <u>3410</u>)9
	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	Name	Address	Type of Action
MGR	VNUKOVA, VLADYSŁAVA	4617 Bayshore Drive Unit HI	□ Add
		Naples, FL 34112	(- 1)
			□Change
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
,			GAdd
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			[]Remove
			ElChange

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Sote: if the date in	other than the date of filing: [11/23/2022] (optional) isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 iscreted in this block does not meet the applicable statutory filing requirements, this date will not be listed as we date on the Department of State's records.
record specifies a d is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
November 2	2022
	Signature of a member or authorized representative of a member
Simon F	
	Typed or printed name of signce

Filing Fee: \$25.00