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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

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COVER LETTER

Div	ision of Corpo	rations		
SUBJECT:	UBERGRAM			
		Name of Limite	ed Liability Company	<u></u>
The enclosed	l Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		GEORGE MANTZIDIS, ES	SQ.	
Name of Person				
GEORGE MANTZIDIS, ATTORNEY AT LAW, PLLC				
Firm/Company				
1185 IMMOKALEE ROAD, STE. 110				
			Address	
		NAPLES FL 34110		
			City/State and Zip Code	<u></u>
		GEORGE@GMANLAW.CC		
		E-mail address: (to	be used for future annual report notification	ion)
For further in	nformation con	cerning this matter, please call	l:	
GEORGE MANTZIDIS, ESQ.		SQ.	239 438-4609 at ()	
Name of Person		Area Code Daytime Te	lephone Number	
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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)

TO:

Registration Section

MAILING ADDRESS: 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

UBERGRAM, LLC					
(<u>Name of the Limited L</u> (A F	iability Company a Iorida Limited Liab	s it now appears on or lity Company)	ir records.)		
The Articles of Organization for this Limited Liabil Florida document number L14000190804	lity Company we	re filed on 12/15/20	14	and as	signed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability	company here:			
The new name must be distinguishable and contain the words	: "Limited Liability (Company." the designat	ion "LLC" or the	e abbreviation "L	L.C."
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	(DDRESS)				
	_				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO.	X) _			Σ_{c}	
	_				5
	_			全部	2
B. If amending the registered agent and/or	registered office	address on our	records, ent	er file name	of the nev
registered agent and/or the new registered office			, 	<u> </u>	jedali.
				F 9 =	17
Name of New Registered Agent:				11 S	-
New Registered Office Address:				10 _A	
		Enter Florida str	eet 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

<u>Title</u>	Name	Address	Type of Action
MGR	RICHARD M. SMARG	1185 Immokalee Road, Ste. 120	
		Naples, FL 34110	■ Remove
			Change
MGR	LYNDA SMARG	1185 Immokalee Road, Ste. 120	B Add
		Naples, FL 34110	Remove
			Change
			Add
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Typed or printed name of signee

Filing Fee: \$25.00