

L14000 190804

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JANUARY 17, 2019

D. BRUCE  
JAN 05 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UBERGRAM, LLC  
\_\_\_\_\_

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:

George Mantzidis, Esq.

\_\_\_\_\_  
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

george@gmanlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Mantzidis, Esq.

239

438-4609

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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

FILED  
2018 DEC 17 PM 2:31  
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

UBERGRAM, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/15/2014 and assigned  
Florida document number L14000190804.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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	Name	Address	Type of Action
MGR	LYNDA SMARG	1185 IMMOKALEE ROAD, STE. 120	<input type="checkbox"/> Add
		NAPLES, FL 34110	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2018 DEC 17 PM 3:31  
 PAUL HENNINGSEN, Director

200 DEC 17 PM 2:30  
NATIONAL ARCHIVES

FILE  
200 DEC 17 PM 2:31  
INTER-OFFICE ROUTING

**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.

Dated DECEMBER 11th, 2018

*Synda Smar*  
Signature of a member on

Signature of a member or authorized representative of a member

LYNDA SMARG

Typed or printed name of signee