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COVER LETTER

Divi	ision of Cor			
SUBJECT:	ROCK SOI	LID KASH LLC		
SUBJECT;		Name of Lim	ited Liability Company	<u>.</u>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		LAURITA ABNER		
			Name of Person	<u> </u>
		UB PROFESSIONAL BU	SINESS SERVICES, LLC	
		•••	Firm/Company	
		6278 N FEDERAL HWY	# 554	
		-	Address	
		FORT LAUDERDALE, F	L 33308	
			City/State and Zip Code	
		lauritaabner@gmail.com		
		E-mail address: (to be used for future annual report notific	ation)
For further in	formation co	oncerning this matter, please ca	ali:	
LAURITA A	ABNER		954 907-3612 at ()	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	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)

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

ROCK SOLID KASH LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our re- lorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabil	lity Company were filed on 10/15/2015	and assigned
Florida document number L15000176120		
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:	
UB PROFESSIONAL BUSINESS SERVICES, LLC		
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 A	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	X)	
		
B. If amending the registered agent and/or		ords, enter the name of the nev
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
<u>-</u>		_, 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

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TYSON, NICOLE	4627 BOUGAINVILLA DR # 1D	
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)	Remove
			Change

Signature of a member or authorized representative of a member LAURITA ABNER					
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Filing Fee: \$25.00