

215000184971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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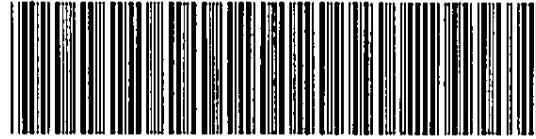
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
DEC 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ubye, 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:

Fabrice Barrault

Name of Person

StreetSmart Realty, LLC

Firm/Company

111 2nd Ave. NE, Suite 201

Address

St. Petersburg, FL 33701

City/State and Zip Code

Fabrice@StreetSmartAgent.com

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

For further information concerning this matter, please call:

Fabrice Barrault

727 331-2145
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TALLAHASSEE, FLORIDA

Ubaye, 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 10/30/2015 and assigned
Florida document number 115000184971

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:

Fabrice Barrault

New Registered Office Address:

111 2nd Ave. NE, Suite 201

Enter Florida street address

St. Petersburg

City

Florida 33701

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.

Authentisign

Fabrice Barrault

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Emmanuel Michotey	111 2nd Ave. NE, Suite 201	<input type="checkbox"/> Add
		St. Petersburg, FL 33701	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Isabelle Pellegrin	111 2nd Ave. NE, Suite 201	<input type="checkbox"/> Add
		St. Petersburg, FL 33701	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change:

Title Authorized Representative

Remove - GARNIER, OLIVIER 33 4TH STREET N SUITE 201 ST PETERSBURG, FL 33701

Add - BARRAULT, FABRICE 111 2ND AVE. NE, SUITE 201 ST PETERSBURG, FL 33701

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E. Effective date, if other than the date of filing: 12/8/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12/8 2017

Authorized

Fabrice Barrault

Signature of authorized representative of a member

Fabrice Barrault

Typed or printed name of signee