## 115000207786

. <u></u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700392755357

06/06/23--01019--005 \*\*30.00

2023 6 3-8 PH 6: 36

## **COVER LETTER**

TO: Registration Se Division of Cor		•	
UDS System			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Geoffrey Lorah		
		Name of Person	
	Webb, Lorah & McMillan,	PLLC	
	<u> </u>	Firm/Company	<u> </u>
	1107 West Marion Avenue	, Suite 115	
		Address	
	Punta Gorda, FL 33950		
		City/State and Zip Code	<del></del>
	glorah@wlmfl.com  E-mail address: (1)	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca		·
Geoffrey Lorah		941 637-8884	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	ss:	Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

UDS Systems, LLC		<u> </u>
( <u>Name of the Limited Lia</u> (A Flor	bility Company as it now appears on our records rida Limited Liability Company)	<u>.</u> .)
The Articles of Organization for this Limited Liability	Company were filed on 12/16/2015	and assigned
lorida document number L15000207786	·	
his amendment is submitted to amend the following:	:	
If amending name, enter the new name of the li	mited liability company here:	
RH5H En	iterprises, LLC	
he new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		2021
Principal office address MUST BE A STREET AD	٠	
		1.3
		<del> </del>
nter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX		
		<u> </u>
. If amending the registered agent and/or register gent and/or the new registered office address here		he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street uddress	
	Enler Florida street uddress	
_		rida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Hannaford, Sharon	303 Sweet Grass Lane	
		Austin, TX 78738	□ Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□Remove
			□Change
<del>_</del>			□Add
			□Remove
			□ Change
	<del></del>		□ Add
			□Remove
			□ Change

				<del></del>					
						<u> </u>			
	-								
<u> </u>									
<u>.</u>	<u> </u>	<del></del> .	<u>.                                    </u>						
							···		
	<u> </u>	<u> </u>						2	
			<del></del>					20,13	
					<u>.</u>			<u> </u>	
<del></del> -								PH	
					. <u>.</u>			် <u>လ</u> ဲ	
			<u> </u>			<del></del>	<u>.</u> . <u>.</u>	<del>- 0</del>	
									•
						<u> </u>			,
fective d	ate, if other tha date is listed, the da	n the date of	filing:	e prior to date	of filing or more	than 90 days	ptional)	Pursuant to 605	5.020
ote: If the	date inserted in	this block does	not meet the	applicable st	atutory filing	equirements.	this date w	ill not be list	ed as
cument's	effective date on	the Departmen	i of State's re	coras.					
ecord spec	cifies a delayed c	ffective date, bu	it not an effec	ctive time, at	12:01 a.m. on	the earlier of	f: (b) The	90th day afte	r the
is filed.	,								
	Tu. 1.7	/. +	20	27	1		1		
ited	Juno	<u> </u>		<u></u>	//_				
				1		7	$\rightarrow$		

Filing Fee: \$25.00

Typed or printed name of signee



July 30, 2023

GEOFFREY LORAH WEBB, LORAH & MCMILLAN, PLLC 1107 WEST MARION AVENUE STE 115 PUNTA GORDA, FL 33950 US

SUBJECT: UDS SYSTEMS, LLC Ref. Number: L15000207786

We have received your document for UDS SYSTEMS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L21000192646.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 323A00017092