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(Requesto	r's Name)
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PICK-UP	WAIT MAIL
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COVER LETTER

TO: Registration Se Division of Co		•
	BOCA, LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondent	ondence concerning this matter	to the following:
	Mark Hodnett	
		Name of Person
	URUBO BOCA, LLC	
		Firm/Company
	6636 NW 23rd Ter	
		Address
	Boca Raton, FL 33496	
		City/State and Zip Code
	mahodnett@gmail.com	
	E-mail address: ()	to be used for future annual report notification)
For further information of	concerning this matter, please co	all:
Mark Hodnett		713 870-4166 at ()
Name (of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	SSE TO SEE
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee ← □ □ Certified Copy (additional copy is enclosed) □ Certified Copy □ Certified Copy □ (additional copy is Enclosed) □ (ad

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

URUBO BOCA, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on January 19, 2016	and assigned
Florida document number L16000011614		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
LIFECYCLE SIMULATION SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	obreviation "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		the name of the nev
registered agent and/or the new registered office address he	ere:	2016 FACE
		ANG ANG
Name of New Registered Agent:		
		asse Salva Para
New Registered Office Address:	Enter Florida street address	2 11
		50 N
	, Florida	⊋ur Code rn
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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>	Address 7 3 01 Tea	Type of Action
MGR	Mark A. Hodnett	Boca Raton, FL 33496	
			Remove
			Change
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(If an eff Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Any 5 2318 Roam P. Hodnett
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00