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R. HUNT 63/02/23

COVER LETTER

TO:	Registration Se Division of Cor				
	UNITED B	BDA LLC			
SUBJE	СТ:				
		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		ADRIAN BUCURESCU			
			Name of Person		-
			Firm/Company		_
		8021 GRANDE SHORE D	OR .		() () () () () () () () () ()
		SARASOTA / FL 34240	Address		18-2- 1-28-2
		adi.bucurescu@arrowen.cor	City/State and Zip Code		PM 2: OF STA
		E-mail address: (to be used for future annual report not	ification)	O7
		oncerning this matter, please c	all:		
Adrian	Bucurescu		941 592-5732		
Name of Person			at () Area Code Daytin	ne Telephone Number	r
Enclos	ed is a check for t	he following amount:			
☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & Certificate of Status		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee oe Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lighility Company as it now some	are an our records)		
(<u>Name of the Limited Liability Company as it now appe</u> (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{F}{2}$.	ebruary 8, 2016,	an	d assigned
r lorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company	here:		
ARROWEN I.I.C			
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abl	breviatio	n "L.L.C."
Enter new principal offices address, if applicable:		~~1	
(Principal office address MUST BE A STREET ADDRESS)			
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	· · · · · ·	-10-	:
		PX	: ; ;
Enter new mailing address, if applicable:		_ ;; _	-
(Mailing address MAY BE A POST OFFICE BOX)	 	07	
	.=		
3. If amending the registered agent and/or registered office address on our	records, enter the name	e of the	new regis
agent and/or the new registered office address here:		. 01 1111	11000 100
Name of New Registered Agent:			
None De Carron LOCCon Address			
New Registered Office Address:	orida street address		

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.

City

.. Florida __

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
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ ☐ Change
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ective date, if other than the da effective date is listed, the date must b	e specific and cannot be prior to da	te of filing or more than 90 d	avs after filing.)	Pursuant to 605.01
e: If the date inserted in this block ument's effective date on the Department	k does not meet the applicable	statutory filing requireme	nts, this date	will not be listed
	miller of court of teachers.			
cord specifies a delayed effective d	ate, but not an effective time,	at 12:01 a.m. on the earlie	er of: (b) The	90th day after th
February 28	2023			
ed		.1		
		11 1		
	gnature of a member or authorized	1,000/		