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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: United Developement Team LLC Name of Limited Ciability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mirill Vesselov
United Developement Team LLC
444 D Boynton Beach Blu
Doynton Beach, FL 33435
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (718) 730 - 3550 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \text{(additional copy is enclosed)} \$\text{\$60.00 Filing Fee,} \text{Certified Copy} \text{(additional copy is enclosed)} \$\text{\$Certified Copy} \text{(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

Ol	F	
(Name of the Limited Liability Compan	ement Team y as it now appears on our records.) iability Company)	LLC
(A Florida Limited Li	nability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 1600 13526.	were filed on <u>Of 1311 O</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile The new name must be distinguishable and contain the words "Limited Liabilians and contain the words and contain the words "Limited Liabilians and contain the words	m LLC	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1/0)
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	7-70
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	LED ARY OF STATE SSEE, FI ORIDA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zin Coda
	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 = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name ///	Address	Type of Action
			Add
			Remove
			☐ Change
			□ Remove
			Change
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an effective date is listed tote: If the date insert	, the date must be specific and ed in this block does not r	d cannot be prior to date of filing neet the applicable statutory	g or more than 90 days af	ter filing.) Pursuant to 6	605.0207 (isted as t
ocument s'errective da	ate on the Department of S	oxate s records.			
	a delayed effective of the record is filed.	date, but not an effect	ive time, at 12:01	a.m. on the ear	rlier of:
ated July	54	. <u>2016</u> .			77
	Signature of a	member or authorized represer	ntative of a member	SAR L	-
K	irill less	elov		56 TO	
	, , ,	Typed or printed name of sig	nee	IZ: 33 STATE LORIDA	<u> </u>

Page 3 of 3

Filing Fee: \$25.00