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(Re	questor's Name)	<u></u>
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COVER LETTER

TO: Registration Section Division of Corporations

schild LLC SUBJECT: 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:

John Cortese Name of Person

Firm/Company

NE 3rd Ave

Beach, Fl City/State and Zip Code 334 elray (X Cava) iers 23 XX (200). Com E-mail address: (in the used for future annual report notification)

For further information concerning this matter, please call:

at (20) 783 - 5419 Area Code Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

S25.00 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 A TO ARTICLES OF OJ OF	GANIZATION
Name of the Limited Liability Company (A Florida Limited Liability Company)	(LLC) (as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number $\L 1600 17108$.	tere filed on $\frac{06/22}{2016}$ and assigned
This amendment is submitted to amend the following:	4
A. If amending name, <u>enter the new name of the limited liability</u> United data Support The new name must be distinguishable and contain the words "Limited Liability	LLC
Enter new principal offices address, if applicable:	200 Knuth RD #132
(Principal office address MUST BE A STREET ADDRESS)	Boynton Beach, FI 334786
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>မ</u> မာ

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	, 1 , 2	Florida 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

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<u>Title</u>	Name	Address	<u>Type of Action</u>
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			Change
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			Remove
			Change

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

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lote: If	e date, if other than the date of filing: $2 - 20 - 20$ (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b t's effective date on the Department of State's records.	to 605.0207 (3) be listed as the
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	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the other other of the record is filed.	earlier of:
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	Signature of a member or authorized representative of a member	
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	/ John (or test	
	Typed or printed name of signee	

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Filing Fee: \$25.00