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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: U/ab uda LLC
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:
Philip Santo Philip Santo
6574 N. St. Rd. 7 #205
Coconut Creek, F/ 3307
Efmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
$\frac{1}{1} \frac{1}{1} \frac{1}$
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filing Fee S255.00 Filing Fee Fee S255.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wabyda L	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L 16000145343}{L 16000145343}$	were filed on $08/03/2016$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable and contain the words "Limited Liable and contain the words" "Limited Liable and contain the words "Limited Liable and contain the words" "Limited Liable and contain the words "Liable and contain the words" "Liable	ig contractors LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SAMC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAM Distriction
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	. Florida Zıp 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.

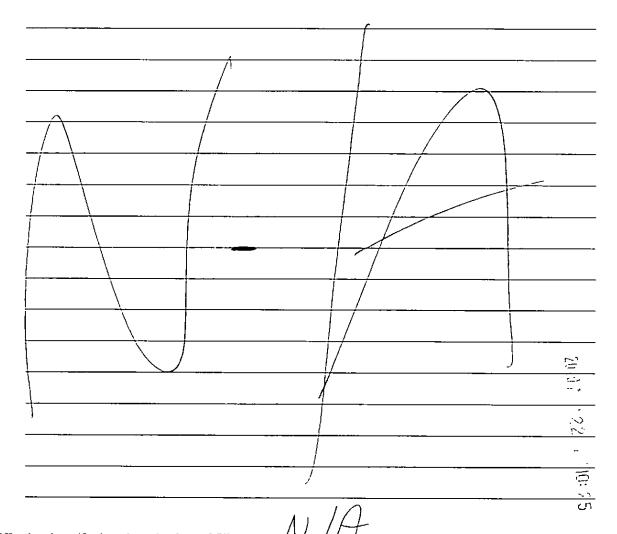
If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Actio
<u>M6R</u>	Dadrian Gayle	6574 N. St RD 7	#Add
	1	6574 N. St RD 7 Coconut Crepk, F/	33073 □Remove
			□Change
			🗆 Add
	_		⊡Remove
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			□Change
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			(Tit Phone)

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



E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	4/18.2020.
	Signature of a premiter or authorized representative of a member
	Typed or printed name of signee