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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	.CT:	United Coro	pup Propertus ited Liability Company	S LLC
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Simo	on Walsh	1
			Name of Person	·· · · · · · · · · · · · · · · · · · ·
		United	Croup Proper	ertes LLC
		6089 John	Address	5 Tanpa
		Tampa	FL. 3363	4
		Walshy	FL. 3363 City/State and Zip Code Simon @ gr to be used for future annual report no	nail-Con
For fur	ther information co	oncerning this matter, please co		
	Simon	n Walsh	at (813) 99 7 Area Code Daytin	2-5210
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclose	ed is a check for th	c following amount:		
Ū \$2:	5,00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &

MAILING ADDRESS: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Certified Copy

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

United Grou	up Properties LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 1600017306</u>	mpany were filed on 9/16/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words *Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 23 E
(Principal office address MUST BE A STREET ADDRE	388)
	02
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the ness here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
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	Type of Action
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