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COVER LETTER

Division of Co	rporations		
UDOIBE.			
Sobret.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Luis Lugo		
		Name of Person	····
	Humpback Holdings, LLC		
		Firm/Company	
	747 Ralph McGill Blvd NE	E#137	
	·	Address	
	Atlanta, GA 30312		
		City/State and Zip Code	
	lugounda@yahoo.com		
•	E-mail address: ()	to be used for future annual report notif	cation)
For further information	concerning this matter, please co	ıll:	
Luis Lugo		404 547 - 2779	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for (the following amount:		
□ \$25,00 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

TO:

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 OF

UDOIBE, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L16000214663	ompany were filed on 11/23/2016	and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the lim	ited liability company bere:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the designation "LLC" or t	he abbreviation L.C.
Enter new principal offices address, if applicable:		35 50 80 80 80 80 80 80 80 80 80 80 80 80 80
(Principal office address MUST BE A STREET ADDI	<u>(ESS)</u>	7 10 10 10 10 10 10 10 10 10 10 10 10 10
Enter new mailing address, if applicable:		AH 10: 21
(Mailing address MAY BE A POST OFFICE BOX)		
. B. If amending the registered agent and/or regis registered agent and/or the new registered office add		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	•
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ibelice M. Unda	16101 Emerald Estates Dr. #451	
		Weston, FL 33334	
			Change
,MGR	Humpback Holdings, LLC	747 Ralph McGill Blvd NE #137	
		Atlanta, GA 30312	
			Remove
			☐ Change
AMBR	Luis Lugo	747 Ralph McGill Blvd NE #137	 Add
		Atlanta, GA 30312	
			□ Remove
			☐ Change
AMBR	fbelice M. Unda	16101 Emerald Estates Dr. #451	<u></u> ■ Add
		Weston, F1, 33331	
			Remove
			Change
		□ Remove	
			Change
			□ Remove
			□ Change

		
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ective date, if other than the	date of filing:	(optional)
effective date is listed, the date must	t be specific and cannot be prior to date of filing or more	than 90 days after filing.) Pursuant to 605.0.
ument's effective date on the D	ock does not meet the applicable statutory tiling repartment of State's records.	equirements, this date will not be fisted
record enecifies a delayer	I effective date, but not an effective tim	ne at 12:01 a.m. on the earlier
he 90th day after the rec		ic, at 12.01 a.m. on the carrier
•		
, September 7	2018	
ed	·	
	ΣC_1 .	
7 —	Signature of a member or authorized representative of	

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Typed or printed name of signee

Filing Fee: \$25.00