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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	É ', M. , it l'(l'(l') Name of Lim	Collections / Z	<u>: C</u>
The enclosed Articles of	Amendment and feets) are sub-	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	1.1 10	Sign 12 -//m/CC/H Name of Person	o
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For further information e	oncerning this matter, please co		
Horaca .	Minorite	at (<u>45 U</u>) <u>434</u> Area Code Daytime	C316
Name o	f Person	Atea Code Daytime	: Telephone Number
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₩ \$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{1/\alpha G}{2} \frac{1.7/207}{2}$ and assigned Florida document number $2174000000000000000000000000000000000000$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "United Uability Company," the designation "ULC" or the abbreviation "ULC"
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent:
Cuy Fig. 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.

H Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized	to manage.	<u>enter the ti</u>	tle, name, and	<u>address</u> of each	person	being added
or removed from our records:						

MGR = Manager

AMBR = Authorized Member Type of Action Address <u>Name</u> AR Kateryna Partyuk 646 Typus to 10/11 - DAN Julionald. Tiert William Practs 11 - 1897 Remove Light State Helice Change UCR claimfrede muis Muniquez, 645 homes La Red Wadd 1 Port 16111842 form to 77 - Remove □ Change □ Remove _□ Change _□ Remove __ 🗖 Change _□ Add □ Remove _□ Change □ Add □ Remove _□ Change

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