L18000010660

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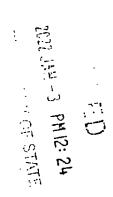
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

A	obal Archiving LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michael A. McGrath			
Name of Person				
	Cloud Resources Staffing	LLC		
		Firm/Company		
	5110 Main Street, Suite 21	7		
		Address		
	Williamsville, NY 14231			
		City/State and Zip Code		
	mmcgrath@unifiedglobalar	-		
	E-mail address: (to be used for future annual report notifi	cation)	
For further information of	oncerning this matter, please co	all:		
Michael A. McGrath		716 866-0442 at ()		
Name of Person		Area Code Daytime	Telephone Number	
Enclosed is a check for t	ne following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration Sect	tion	
Division of C	orporations	Division of Corp	orations	
P.O. Box 6327 The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unified Global Archiving LLC		
(Name of the Limited L. (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L18000010660	ity Company were filed on January 11, 2018	and assigned
This amendment is submitted to amend the followin	តិ:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
Unified Global Archiving Capital Ventures LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	 -
B. If amending the registered agent and/or regist agent and/or the new registered office address he		name of the new register
		(-)
Name of New Registered Agent:		
New Registered Office Address:		ان آن يا در
	Enter Florida street address	05.5 04.15:
_	, Florida	Zip Gode
	•	

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 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 Action
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
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Effective d	ate, if other than the dat	Janua	ıry 1, 2022	(o	otional)	
				g or more than 90 days a	fter filing.) Pursuant to 60	5.0207 (
Note: If the document's	date inserted in this block effective date on the Depar	does not meet the a tment of State's re	applicable statutory	y filing requirements,	this date will not be lis	sted as t
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e record spe	rifies a delayed effective da	ite but not an effec	ctive time, at 12:01	a m on the earlier of	(b) The 90th day aft	er the
ord is filed.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(2)	
Dated Dece	mber 29 	2021	·			
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	- M. V. I. II. M.	1=/1. <i>Vh</i>				
_	Muchal H. [1]				· · · · · · · · · · · · · · · · · · ·	
_	1/UCHAI H. III Sigi	nature of a member of	or authorized represen	ntative of a member	· · ·	

Filing Fee: \$25.00