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COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: UCT	2 Construction Name of Limit	Services, LLC 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:				
	Alta Schlemmer					
	-	Name of Person				
•	UCI2 Construction Servi	ces, LLC				
		Firm/Company				
•	5173 Shadowlawn Aven	ue				
		Address				
	Tampa, FL 33610					
		City/State and Zip Code		—— E> ' ·	18	
	AltaS@uci2.net					
	E-mail address: ()	to be used for future annual report notific	ation)		AUG	
For further information of	concerning this matter, please ea	all:			r ₂	EILED
Emily Anderson		813 786-5840		7.3	<u>D</u>	
Name (of Person	Area Code Daytime	Telephone Number	ALLAHASSEE, FLORIDA	6: 48	
Enclosed is a check for t	he 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 Fili Certificate Certified (additional c	e of Statu Copy		
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	R ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UCI2 Construction Services, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000094292	were filed on 04/17/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	The Comment of the Antiqued States	the althousing in M. I. C. "
•	5173 Shadowlawn Avenue	the appreviation (L.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33610	18
		T T
Enter new mailing address, if applicable:	5173 Shadowlawn Avenue	ILET JASSER
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33610	
. B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.	-	enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floric	da
	, Tioric	Zin 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	Alta Schlemmer	5173 Shadowlawn Avenue	Add
		Tampa. FL 33610	☐ Remove
,			☐ Change
MGR	Todd Schlemmer	5173 Shadowlawn Avenue	■ Add
-		Tampa, FL 33610 	☐ Remove
			□ Change
			□ Add
			Remove All SSE Change
			RECEIVED 48
			P
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change

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.) Pursuant to 605. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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			
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(don + 0100/			ffective time, at 12:01 a.m. on the earlier of:
Signature of a member or authorized representative of a member	Dated	2018	
	Ole -	3. Signature of a member or authorized re	presentative of a member
Alta L. Schlemmer			The second secon

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00