Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323) 962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **UBUY LLC**

ertificate of Status

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COVER LETTER

2018-07-10 08 34 13 PDT

TO: Registration Se Division of Cor			
UBUY LI	LC		
SOBJECT:	Name of Line	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N. Brand Blvd., 11t	h Floor	
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	ubuy.He@gmail.com E-mail address: (to be used for luture annual report no	nification)
For turther information of	concerning this matter, please co	all:	
Cheyenne Moseley			ext. 9724
Name (of Person	at () Area Code Daya	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Fitting 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
	ING ADDRESS: ration Section	STREET/COUI Registration Sec	RIER ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UBUY LLC		
(Name of the Limited Liability Com 1A Florida Limite	pany as it now appears on our red Liability Company)	rcords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000123990</u>	ny were filed on $\frac{05/17/2018}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing uddress MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		3, 5
B. If amending the registered agent and/or registered		ords, enter the name of the ne
registered agent and/or the new registered office address h	<u>erc</u> :	•
Name of New Registered Agent:		
Carlo M. 1999, ING Styled /Agent.		
New Registered Office Address:	Enter Florida street a	direce
	Catr	, Florida
Now Designated Assessed Company of the province Designated Assessed Assesse	•	r.p con
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and a	gree to act in this capacity.	I further agree to comply with t

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:			
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
AMBR	YANET LOPEZ	1325 NW. 98TH CT, UNIT 13	
		MIAMI, FL 33172	☑ Remove
AMBR	YANET CAMPOS LOPEZ	1420 NE Miami Pl, apt 2313	☑ Add
		MIAMI, FL 33132	□ Remove
			· .
			🗆 Add
			☐ Remove
			☐ Remove
		·	□ Remove
			. <u> </u>
			D Add

1420 NE Miami Pl, apt 2313	
MIAMI, FL 33132	
ctive date, if other than the date of filing: Hective date must be specific, cannot be prior to date of receipt or files are this document is filed by the Florida Department of State)	(optional) d date and cannot be more than 90 days after
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d 06/12/2018	loool
Signature of a member or authority ANET CAM	· 1 (

Page 3 of 3

Filing Fee: \$25.00

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