L18000 188411

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COVER LETTER

* TO: , Registration Section

Division of Cor	porations		
0	0 1		
SUBJECT: <u>Un</u>	Time Acidside	ited Liability Company	
	Name of Line	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Call	clilson	
		Name of Person	
		July Consider 110	
	<u>Un lime n</u>	adside Service LLC	
		-	
	5761 Riversid	e Drive Art 106	<u> </u>
		Address	
	Coral Som	a Florida 82067	
		S Florida 8306 P City/State and Zip Code	
	_Ctroadside	Cimcul Com to be used for future annual report notific	
	E-mail address: (to be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	all:	
C = 1 1 1 1 1 5		Pr. 000	rasa
Cirl Llilso	Person	at (154) 229 Area Code Daytime	Telephone Number
		·	•
England is a short for th	o fallouine amaunt		
Enclosed is a check for th	•	-	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is chelosed)
Mailing Address	s:	Street Address:	
Registration S		Registration Sect	ion
Division of C	-	Division of Corpo	
P.O. Box 632		The Centre of Ta	
Tallahassee, F	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Un time headside Sea	ne LLC	
(Name of the Limited Liability) (A Florida Li	Company as it now appears on our imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L18 000 18 8 H11</u>		of Ob 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	SS)	
Enter new mailing address, if applicable:		ίη: Φ
(Mailing address MAY BE A POST OFFICE BOX)		
		Er. P
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	Ciņ	Zip Code
New Registered Agent's Signature, if changing Pagistared A	cont.	

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
AMBB.	Olive Fear	654 Eat 229th Stret	□Add
		Floor 2	(Remove
		Brong New York 10466	□Change
			🗆 Add
		<u></u>	Remove
		-1 	☐ ☐ Add
			□ Add
			Remove
			□Change
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	·		2021
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			4: 02 CONTE
			<u> </u>
Tective date, if other than the date of fi	ing:		(optional)
fective date, if other than the date of fi an effective date is listed, the date must be specific ote: If the date inserted in this block does not	t meet the applicable sta	of filing or more than 90 day atutory filing requirement	rs after filing.) Pursuant to 605.02 ts. this date will not be listed
ocument's effective date on the Department of	f State's records.		
record specifies a delayed effective date, but is filed.	not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day after the
N 1	. 2021 .		
ated December 03			
December 03 Signature o	a member or authorized re	epresentative of a member	