# L180000228770

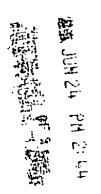
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## COVER LETTER

UGOTTHI SUBJECT:	S LLC		<b>1</b>
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	\$425£
	BERENICE IPIA-FELICI	ANO	
		Name of Person	
	PRATS FERNANDEZ &	CO., P.A.	
		Firm/Company	
	999 PONCE DE LEON B	LVD. STE 1110PH	
		Address	
	CORAL GABLES, FL 33	134	
	ADMIN@PRATSFERNA	City/State and Zip Code NDEZ.COM	<del></del>
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
BERENICE IPIA-FELIO	CIANO	305 444 8333	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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
Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

July 2

**UGOTTHIS LLC** 

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	liability Company	were filed on	018 and assign
Florida document number L18000228770	<u>.</u>		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applic	cable:	999 PONCE DE LEG	ON BLVD, STE. 1110PH
(Principal office address MUST BE A STREI	ET ADDRESS)	CORAL GABLES. F	FL 33134
Enter new mailing address, if applicable:		P.O. BOX 140970	
(Mailing address MAY BE A POST OFFICE	BOX)	CORAL GABLES. F	FL 33114
B. If amending the registered agent and registered agent and/or the new registered o			records, enter the name of
Name of New Registered Agent:	PRATS, FERN	ANDEZ & CO., PA	
New Registered Office Address:	999 PONCE D	E LEON BLVD. STE. I	110PH
New Registered Office Address.	Enter Florida street address		
	CORAL GAB	LES	Florida <u>33134</u>
		City	Zip Code
Naw Dagistarad Agent's Signatura, if changing	Danietarad Agents		

#### 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ock does not meet the applicable statutory filing requirements, this date will not be listed
the record specifies a delayed  o) The 90th day after the reco	d effective date, but not an effective time, at 12:01 a.m. on the earlier cord is filed.
Dated JUNE 18	. 2019
	Signature of a Wember or authorized representative of a member
VALLADARES WOOL	D, JUSTO
	Typed or printed name of signee

D. It amending any other information, enter change(s) here: (Allach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00