| (Re                     | equestor's Name   | )            |
|-------------------------|-------------------|--------------|
| (Ac                     | ldress)           | <del>,</del> |
| (Ad                     | ldress)           |              |
| (Cit                    | ty/State/Zip/Phor | ne #)        |
| PICK-UP                 | ☐ WAIT            | MAIL         |
| (Bu                     | isiness Entity Na | me)          |
| (Do                     | ocument Number    | )            |
| Certified Copies        | _ Certificate     | es of Status |
| Special Instructions to | Filing Officer:   |              |
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# **COVER LETTER**

|               | ision of Cor        |   |   |   |
|---------------|---------------------|---|---|---|
| SUBJECT:      |                     | CUBATION LLC                                    |   |   |
|               |                     | Name of Limi                                    | ted Liability Company   |   |
| The enclosed  | d Articles of $i$   | Amendment and fee(s) are sub-                   | mitted for filing.  |   |
| Please return | all correspo        | ndence concerning this matter t                 | to the following:   |   |
|               |                     | RICHARD BERTOSSA                                |   |   |
|               |                     | 5FLAGS INCUBATION L                             | Name of Person  |   |
|               |                     | 2269 S UNIVERSITY DRI                           | Firm/Company<br>IVE #5247   |   |
|               |                     | FORT LAUDERDALE, FI                             | Address<br>_ 33324  |   |
|               |                     | info@us.office201.net                           | City/State and Zip Code   |   |
|               |                     |   | o be used for future annual report notifi                                 | cation)   |
| For further r | nformation co       | oncerning this matter, please ca                | ili:  |   |
| RICHARD       | BERTOSSA<br>Name of | Person  | at ()<br>Area Code Daytime  | Telephone Number  |
|               |                     |   | , **  |   |
| Enclosed is   | a check for th      | e following amount:                             |   |   |
| □ \$25.00 ł   | Filing Fee          | ■ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| ( <u>Name of the Limited Liability Comp</u><br>(A Florida Limited                        | any as it now appears on our records.)<br>Liability Company) | <del> </del>     |                                       |
|--|--|------------------|---------------------------------------|
| The Articles of Organization for this Limited Liability Company were filed on 10/02/2018 |  |                  | ned                                   |
| Florida document number 1.18000233674  |  |                  |                                       |
| This amendment is submitted to amend the following:                                      |  |                  |                                       |
| A. If amending name, enter the new name of the limited liab                              | pility company here:   |                  |                                       |
| The new name must be distinguishable and contain the words "Limited Liab                 | ility Company," the designation "LLC" or the abbre           | viation "L.L.C   |                                       |
| Enter new principal offices address, if applicable:                                      | 2280W Oakland Park BLVD, Suite 225C                          | রুদ্ধ<br>রুদ্ধ   | <u> </u>                              |
| Principal office address MUST BE A STREET ADDRESS)                                       | OAKLAND PARK, FL 33311                                       | 17 (5)<br>3m 378 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|  | 4  | AUASSEE FLOR     | <u> </u>                              |
|  |  |                  |                                       |
| Enter new mailing address, if applicable:  | 2280W Oakland Park BLVD, Suite 225C                          |                  | 3                                     |
| Mailing address MAY BE A POST OFFICE BOX)  | OAKLAND PARK, FL 33311                                       | 32               | 2 h : 1 1/2                           |
|  |  | -                | Æ                                     |

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>      | <u>Address</u>   | Type of Action      |
|--------------|------------------|--|---------------------|
| MGR          | RICHARÐ BERTOSSA |  | Add                 |
|              |                  |  | □ Remove            |
|              |                  | 2280W Oakland Park BLVD.Suite<br>225C, Oakland Park FL 33311 | ■ Change            |
|              |                  |  | Add                 |
|              |                  |  | □ Remove            |
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| ffective date, if other than the data an effective date is listed, the date must bote: If the date inserted in this block bounnent's effective date on the Department. | specific and cannot be prior to date does not meet the applicable s | (option of tiling or more than 90 days after tatutory filing requirements, the | r filing ) Pursuant to 605 020 |
| e record specifies a delayed e<br>The 90th day after the recor   | fective date, but not an is filed.                                  | effective time, at 12:01   | a.m. on the earlier (          |
| ated   | 2019  | Rober B  |                                |
|  | nature of a member or authorized                                    |  |                                |

Page 3 of 3

Filing Fee: \$25.00