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Certified Copies	Certificates of	of Status
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Special Instructions to Filir	ng Officer:	
	J. HORNE	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Con		·		
SUBJECT: Unite	ed Property Hold Name of Lim	ited Elability 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:	•	
	Ed Sandle	Name of Person		
	United Proper		LC	
	610 Subillow	Address		····
	Casselberry	City/State and Zip Code	7	
	E-mail address:	to be used for future annual	report notification)	
For further information of	concerning this matter, please ca	all:		
Ed Sandler Name o	of Person	at (<u>HO7</u>) Area Code	869-737(Daytime Telepho	
Enclosed is a check for the	he following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Malling Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION D

2022 JUN 13 AM 10: 59 y Company as it now appears on loan records.) The Articles of Organization for this Limited Liability Company were filed on 1127/18 and assigned Florida document number L18000273928 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

__, Florida ______ Zip Code 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>	Name	Address	Type of Action
MAR	Silvia C. Sandler	6105wallow Dr. Casselberry. F	32707 1 DAdd
			□Remove
			Change
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	dive date, if other than the date of filing: [cetive 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e recor	ed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	June 10th 2000, 9140 am
	$\epsilon 0 1 Mb$.
	CO Lavolux
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00