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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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2019 JAN 25 AM 10: 19

COVER LETTER

| TO: Registration Section Division of Corporation | | | • |
|--|---|--|---|
| SUBJECT: UAC | Shows, L. Name of Limi | LC. ted Liability Company | |
| The enclosed Articles of Am | endment and fee(s) are sub- | nitted for filing. | |
| Please return all corresponde | ence concerning this matter (| to the following: | |
| | YolAndi | A FRIEDMI- Name of Person | 90 |
| | <u>UAS S</u> | Pinty Company | |
| | 15959 | NW 15 FT AVE | 5 |
| <u>-</u> | | City/State and Zip Code OPPO A XOO C o be used for future annual report | |
| For further information conc | erning this matter, please ca | dl: | |
| Yolanda F | RicdMAN_ | at (<u>305</u>) <u>75</u> Area Code Da | <u>/- / 234 EXT. 205</u> sytime Telephone Number |
| Enclosed is a check for the f | ollowing amount: | | |
| □ \$25.00 Filing Fee | S30.00 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 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

FILED

| | OI. | | | 2019 JAN 2 | 25 AM 10: 1 | Q |
|---|--|------------------------------------|---------------------------|--|--------------------------------|---------------|
| (Name of the Limited Liab (A Flori | 18 66 | (C. | | CCASe e | | |
| (Name of the Limited Liab | rida Limited Lic | ability Company) | is on our rec | ALL, | 物制剂 | t. |
| The Articles of Organization for this Limited Liability | / Company w | vere filed on | 1/11 | 2019 | and assigned | d |
| Florida document number <u>L/800037</u> | | | / / | | | |
| This amendment is submitted to amend the following: | : | | | | | |
| A. If amending name, enter the new name of the lii | imited liabili | ity company he | ere: | | | |
| | | | | | 1 | |
| The new name must be distinguishable and contain the words "L | imited Liabilit | y Company," the d | lesignation "l | LC" or the abbr | eviation "LL.C." | |
| Enter new principal offices address, if applicable: | | | | | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | | | | | |
| | | | | <u>. </u> | l | |
| Pater non-mailing address if applicables | | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | **** | | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | | our reco | rds, <u>enter tl</u> | ne name of th | <u>he nev</u> |
| Name of New Registered Agent: | | · | | | | |
| New Registered Office Address: | | | | | | |
| | | Enter Flo | rida street add | dress | | |
| | | City | , | Florida | Zip Code | |
| New Registered Agent's Signature, if changing Register | red Agent: | Çığı | | | ειρ cinα | |
| I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang | nt and agree d complete p l agent as pr ered office a | performance of rovided for in (| °my duties. Chapter 60 | and Lam far 95, F.S. Or, if | niliar with an this documen | d |
| | If Chang | ging Registered A | gent, <u>Signatu</u> | ire of New Regi | stered Agent | - |

| or removed | from our records: | | |
|---------------------|----------------------------|-----------------|----------------|
| MGR = M AMBR = A | anager uthorized Member | | |
| <u>l'itle</u> | <u>Name</u> | Address | Type of Action |
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

| ii amc | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| an en ote: | ve 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 lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records. | o 605.0207 Fisted as |
| e rec The | ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the each of the day after the record is filed. | arlier of |
| ated . | 2019 | |
| | Signature of a member or authorized representative of a member | - |
| | Richard P. CURRAN Typed or printed name of signee | |
| | Time a soluted | _ |

Page 3 of 3

Filing Fee: \$25.00