L18000276644

. <u> </u>	Requestor's Name)		
A)	Address)		
<i>٩</i>) ()	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP			
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(Document Number)			
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10/20/20--01017--005 **25.00





COVER LETTER

TO: **Registration Section Division of Corporations**

UBIF LLC Name of Limited Liability Company N4L SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas Williams Name of Person NHL UBJF LLC Firm/Company 982 Fay Blvd Address Cocoa, FL 32927 City/State and Zip Code N. Williams @ ubreakifix .com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Micholas Williams at (321) 960 4702 Area Code Davime Telephone Number

Enclosed is a check for the following amount:

X \$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** 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 OF

NAL UBIF LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L180002766 44</u> .	on <u>11 129 / 18</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp.	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"," the designation "L1.C" or the abbreviation "L.1.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	120 0C
(Mailing address MAY BE A POST OFFICE BOX)	一一一一一
	<u> </u>
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	ter Florida street address
	Florida

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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MBR	UBIF 101 LLC	401 NW 162 Ave Pembroke Pines, FL 330	🗆 Add
		Pembroke Pines, FL 336	128 DRemove
			[] Change
			🗋 Add
		<u> </u>	🗆 Remove
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. ., . .

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

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E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September Signature of a member or authorized representative of a member Nicholas Williams Typed or printed name of signce