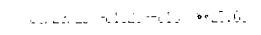
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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: UD Reco	u tailiative LLC
	imited Liability Company
The enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Rendo	Name of Person
<i>\(\lambda\)</i>	Recon In hie flix, LLC Firm/Company
26	14 Tamiam: Trail N' Address
	Nacles FL 34/03 City/State and Zip Code
	(to be used for future annial report notification)
For further information concerning this matter, please	call:
Name of Person	at (239) 994-1471 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section

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

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

UD Reon Init	tative LLC	N 1
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	7 73
The Articles of Organization for this Limited Liability Company Florida document number <u>L/900038822</u> .	were filed on 2-7-2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Lo Recon Capital The new name must be distinguishable and contain the words "Limited Liabi		abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2614 Tamiami Trai Suite 204 Naples, FL 3410	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2614 Tamiami To Suite 204 Naples, FC 34103	ail N
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	ame of the new registered
Name of New Registered Agent:	Same N/A	
New Registered Office Address:	2614 Tamiami Tra Enter Florida street address	
	Nagles , Florida _	34/03 Zip Code

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.

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>	Address	Type of Action
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			□ Remove
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	ifies a delayed et	ffective date, but	l not an effec	tive time, at	12:01 a.m. on	the earlier of:	(b) The 90th day after	er the
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is filed.	Aug	23	20	<u> 22</u> 1//	1			
ecord spec is filed. ted	Aug	Signature	of a member of	22.	epresentative of	a member		