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| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | idress)            |             |
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| PICK-UP                 | MAIT               | MAIL        |
|                         |                    |             |
| (Bt                     | usiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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# **COVER LETTER**

| TO: Registration Section Division of Corporations   | ;<br>~2  |
|---|--|
| SUBJECT: U&B HOMES LLC Name of Limited Liability Company  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |  |
| Please return all correspondence concerning this matter to the following:   | ć  |
| Olga Ulrich and Cristina ?  | Bouzy 10   |
| Ud B Homes UC Firm/Company  |  |
| 9841 IVORY DRIVE  |  |
| Ruskin, Plovida 33573 City/State and Zip Code   | 3  |
| Off CYISTING FOR a QMai<br>E-mail address: (to be used for future annual repor  | notification)  |
| For further information concerning this matter, please call:  |  |
| Oga Ulrich and Cristina Bouzyla at (973) 919 Name of Person Area Code D   | -8782<br>aytime Telephone Number   |
| Enclosed is a check for the following amount:   |  |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fec, 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

3

| U & B Homes  | LLC  |                                    |                           | To the second  |
|--|--|------------------------------------|---------------------------|----------------|
| ( <u>Name of the Limited</u> (A  | Liability Company as it<br>Florida Limited Liability | now appears on our rec<br>Company) | ords.)                    |                |
| The Articles of Organization for this Limited Liabi<br>Florida document number <u>L1900043</u>   | ility Company were f                                 | iled on <u>Jan 4,</u>              | 2019 and                  | d assigned     |
| This amendment is submitted to amend the following   | ing:   |                                    |                           | ,              |
| A. If amending name, enter the new name of th  | e limited liability co                               | mpany here:                        |                           |                |
| The new name must be distinguishable and contain the word  Enter new principal offices address, if applicabl  (Principal office address MUST BE A STREET A | e:   | pany," the designation "I          | LC" or the abbreviation   | n "L.L.C."     |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BO  | <u></u>  |                                    |                           |                |
| B. If amending the registered agent and/or registered agent and/or the new registered office   |  | idress on our reco                 | ords, <u>enter the na</u> | ume of the new |
| Name of New Registered Agent:  |  |                                    |                           |                |
| New Registered Office Address:   |  | Enter Florida street ud            | dress                     |                |
|  | Ciu  | ,                                  | , Florida                 | Code           |
|  | Cii  | <i>t</i>                           | zip C                     |                |

### 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 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>        | Address                        | Type of Action |
|--------------|--------------------|--------------------------------|----------------|
| MGR          | <u>Olga VInich</u> | 9891 1 VORY DR. Ruskin, 933573 | Add            |
|              |                    |                                | Remove         |
|              |                    |                                | Change         |
|              |                    |                                | □ Add          |
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|              |                    |                                | □ Remove       |
|              |                    |                                | _ Change       |
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|              |                    | <del></del>                    | Change         |
| <del></del>  |                    | <del></del>                    | _D Add         |
|              |                    |                                | _□ Remove      |
|              |                    |                                | _□ Change      |

|  | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |              |
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| an effective of the contract o | date, if other than the date of filing:  | 0201<br>d as |
|  | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie<br>Oth day after the record is filed. | гo           |
| ated/  | April 1 2019 ACHTOR D  |              |
|  | Signature of a hypother are althorized representative of a member  | _            |
|  | Man Illrich of Cricking A  | UZ           |
|  | Uga Virich and Vistina 1 Di  | XZ           |

Page 3 of 3

Filing Fee: \$25.00