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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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Certified Copies Certificates of State	us
Special Instructions to Filing Officer:	
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A. PARISHANI OCT 1 4 2023

COVER LETTER

TO: Registration Se Division of Cor			* •
SUBJECT: UDI, LLC			
30B0EC1.	Name of Lin	nited Liability Company	20
			2023 OCT
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	· · · · · · · · · · · · · · · · · · ·
Please return all correspo	ondence concerning this matter	to the following:	
	LILIANA GANEN		-4 AH II: 00
		Name of Person	
	UDI, LLC		
		Firm/Company .	·
	755 CRANDON BLVD		
		Address	
	KEY BISCAYNE FL 331	49	
		City/State and Zip Code	
	INFO@UDGROUP.US	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		The allowy
DANIELLA VILLA		321 6223937 at()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

UDILLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{4/17/2019}{4}$ and assigned 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: GABRIEL ACQUARONE

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

KEY BISCAYNE

104 CRANDON BLVD., STE 300-A

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33149 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LILIANA GANEN	755 CRANDON BLVD KEY BISCAYNE FL	🗆 Add
			Remove
			Change
MGR	JUAN D ORTEGA C	755 CRANDON BLVD KEY BISCYANE FL	= Add
			□Remove
			□Change
MGR	ASHER ABADI	888 Biscayne Blvd, Suite 505Miami, FL. 33132	= Add
			□Remove
			202hange
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Filing Fee: \$25.00