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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

UGJV 14. SUBJECT:	LC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Scott D Harvell		
	,	Name of Person	
		Firm/Company	
	12604 Muirfield Blvd S	Address	
	Jacksonville, FL 32225	Address	
	Harvell1972@gmail.com	City/State and Zip Code	<del> </del>
For further information		to be used for future annual report notifica	ation)
Scott Harvell		585 738-0807	
Name	of Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for	the 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 Addre Registration Division of 6		Street Address: Registration Secti Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UGJV I
(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 $\frac{05/01/2019}{}$ and assigned Florida document number $\frac{1.19000117934}{}$ .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
9010 Lifestyle LLC
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:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City Florida 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 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. Thereby 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
			□Add
			□Remove
			Change
			□Remove
			□Change
			□ Remove
			□Change
			□Remove
			⊒Add
			□Remove
			□Change

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Effective date, if other that it an effective date is listed, the date:  Note: If the date inserted in document's effective date on	this block does no	ot meet the applic	able statutory fili	opti nore than 90 days afte ng requirements, thi	onal) r filing.) Pursuant to 605 s date will not be list	5.0207 ( ted as t
e record specifies a delayed e ed is filed.	fective date, but	not an effective ti	ime, at 12:01 a.m.	on the earlier of: (b	o) The 90th day afte	er the
Dated June 15		2021				
	<i></i>	_· -	<u> </u>			
		of a member or author				
	<ul> <li>Signature 6</li> </ul>	a member or author	orizea representativ	e or a member		