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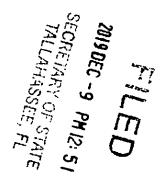
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COVER LETTER

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TO:	Registration Se Division of Cor			
CHEST	UFLY LLC			
5000	ECT	Name of Limi	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		LEANA GUZMAN		
			Name of Person	
		ZENBUSINESS PBC		
			Firm/Company	
		702 SAN ANTONIO STR	EET 4TH FL	
			Address	
		AUSTIN, TX 78701		
			City/State and Zip Code	
		LEANA@ZENBUSINESS.	.COM	
		E-mail address: ()	to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please co	ıll:	
LEA	NA GUZMAN C/O	ZENBUSINESS PBC	512 237-7349	
	Name o	f Person	at () Area Code Daytimo	Telephone Number
Enclo	sed is a check for th	ne following amount:		
≘ S2	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UFLY LLC (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 08/21/2019 Florida document number $\frac{L19000214284}{}$ 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." 2423 SW 147th Ave Enter new principal offices address, if applicable: #2065 (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33815 2423 SW 147th Ave Enter new mailing address, if applicable: #2065 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33815 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

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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

MGR = Manager

AMBR =	AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action			
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			Remove			
			Change			
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December 3		2019						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00