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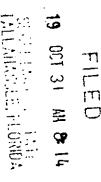
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COVER LETTER

TO:		tration Sec on of Corp							
SUBJEC		athern Uva	tle Real Estate Services LLC						
(10101)	~ .	Name of Limited Liability Company							
The encl	losed A	rticles of A	amendment and fee(s) are sub	mitted for filing.					
Please re	eturn al	l correspon	dence concerning this matter	to the following:					
		Kathern Uvalle							
			Kathern Uvalle Real Estate	Name of Person e Services LLC					
			20880 Peabody Street	Firm/Company					
			Orlando, Florida 32833 City/State and Zip Code kathernuvalle@gmail.com						
For furth	er info	rmation co	E-mail address: () ncerning this matter, please co	to be used for future annual	report notificatio	n)			
Kathern	Uvalle			813 928 at ()	3-1134				
		Name of	Person		Daytime Tele	phone Number			
Enclosed	l is a ch	eck for the	following amount:						
■ \$25. 0	00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is encl		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
		MAILIN	NG ADDRESS:	STREET	COURIER A	.DDRESS:			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kathern Uvalle Real Estate Services 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 $\frac{10/01/2019}{10/01/2019}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kathern Uvalle LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Same Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Same 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:

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.

City

Same

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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> Same	<u>Address</u>	Type of Action
			Remove
			☐ Change
			Remove
			☐ Change
-			
			□ Remove
			Change
			□ Add
			Remove
		.	Change
			□ Remove
			☐ Change
			□ Add
			П Remove
			☐ Change

	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	10/01/2019	
Note: If the	ate, if other than the date of filing:	05.0207 (sted as t
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear h day after the record is filed.	lier of
Octob	ber 25 2019	
	All	
_	Signature of a member or authorized representative of a member	
	1 , ,	

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Filing Fee: \$25.00