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COVER LETTER

TO: Registration Section

Division of Corp	orations			
UNITED M	SM. LLC			
SUBJECT:	Name of Limi	ted Liability Company	. 	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Shahram Haghayegh			
	- 1 to 1/2 to 1/	Name of Person		
		Firm/Company		
	6980 NW 186TH ST APT	223A	·	٠.
		Address		
•	Hialeah Florida 33015		•	t*
	001Shahram@gmail.com	City/State and Zip Code		
		to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please co	all:		
Shahram		786 3250282 at ()		·
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:		٠.	
■ \$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 Sta Certified Copy (additional copy is a	itus &
		. 1	•	
Mailing Addres Registration S		Street Address: Registration Se	ection	
Division of C		Division of Co	rporations	
P.O. Box 632		The Centre of		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED MSM. LLC ed 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 8AM June 29 2020 Florida document number L20000181640 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: UNITED MSM 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

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

7 1

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	Shahram Haghayegh	6980 NW 186TH ST APT 223A Hialeah FL 33015	= Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□ Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.			•	7.75	المراجع والمعافى أبر المجافق	11 miles
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