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COVER LETTER .

	tion Section of Gorporations		
	Urah Ventures LLC		
SUBJECT:	Name of Li	mited Liability Company	
	cles of Amendment and fee(s) are su		
Please return all co	orrespondence concerning this matte	er to the following:	
	LEXIE RIVERS		
		Name of Person	
	PRIME CORPORATE S	ERVICES	202
		Firm/Company	2020 SEP
	12226 S 1000 E STE #3		-8 -8
		Address	
	DRAPER, UT 84020		PH 3: 20
	llcsupport@primecorpora	City/State and Zip Code teservices.com	DM D
	E-mail address:	(to be used for future annual report noti	ication)
For further inform	ation concerning this matter, please	call:	
LEXIE RIVERS		855 577-4639	
	Name of Person	Area Code Daytim	e Telephone Number
Enclosed is a chec	k 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)
		CENTURY COLUMN	PR ADDRESS.

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

KE Urah Ventures LLC		<u>_</u>
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000202309</u> .	were filed on 07/13/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
URAH Solutions LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	-	2020 S
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		EP-8 PM 3: 20
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	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 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

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>	Name	Address	Type of Action
			□ Remove
		<u> </u>	□ Change
			Remove
			Change 2020 SEP Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot	t be prior to date of	filing or more tha	n 90 days afte	r filing.) Pu	rsuant to	605.02
Note: If the date inserted in this block does not meet the ocument's effective date on the Department of State's:	e applicable stati records.	utory filing requ	irements, thi	s date will	not be	listed a
e record specifies a delayed effective date, in the 90th day after the record is filed.	but not an ef	fective time,	at 12:01	a.m. on	the ea	rlier
vated 7 7° . 7						
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Typed or printed name of signee

Filing Fee: \$25.00