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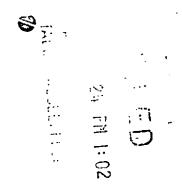
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Uate Investments LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cristing Henry Name of Person
also Coral Way, 7A
Miami, FL 33145 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 444-000 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$
Mailing Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24 PH 1: 02 imited 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 AUC Florida document number LA0000 236417 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NIA 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: NIA (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: NIA Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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>	<u>Name</u>	Address	Type of Action
MOR	James Forrest	8877 Pulling Ave, #505	ts/Add
		Syrfside, FL 33154	□Remove
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fan effective <u>Note:</u> If the	ate, if other that date is listed, the dat date inserted in a effective date on	ate must be spec this block doe	cific and ca	it the applic	able statuto	ing or more to	han 90 days	ptional) after filing.) this date	Pursuant to 60 will not be lis	5.0207 ted as
record spec I is filed.	ifies a delayed et	ffective date, t	but not an	effective ti	ime, at 12:0	l a.m. on tl	ne carlier of	: (b) The	: 90th day afte	er the
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Pated									 _	
Dated		Signatur	re of a mer	noer or author	orized repres	entative of a	member			

Filing Fee: \$25.00