(((H200004037973)))



H200004037973ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : VDT CORPORATE SERVICES

Account Number : 120180000047 : (305)878-1516 Phone Fax Number : (786) 542-5995

\*\*Enter the email address for this business entity to be used for future | annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **UKUS OFS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Tallahassee, FL 32314

## (C) (S) (C) (C) (C) COVER LETTER

H200004037973

TO: Registration S Division of Co		0	<b>\$</b>
UKUS OF	S LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
·	JOAO PEDRO VOLZ		
•		Name of Person	
	VDT CORPORATE SER	VICES LLC	
		Firm/Company	
	150 SE 2ND AVE SUITE	905	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	<del></del>
	CCOUTO@SAINTJOSEP	HGROUP.COM to be used for future annual report no	ification)
For further information of	oncerning this matter, please c		·····,
JOAO PEDRO VOLZ		305 503-9867	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
S \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addres		Street Address:	
	Registration Section Division of Corporations		ection rporations
P.O. Box 632		The Centre of	

H200004037973

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

H200004037973

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

d Liability Compa A Florida Limited	ny sy it new sopears on our re Liability Company)	rcords.)
		and assigned
wing:		
the limited liab	ility company here:	
		202
ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "LLC."
able:		
T ADDRESS)		
		<u> </u>
		<u> </u>
BOX)	- Line of the last	
s here:		nter the name of the new registered
150 SE 2ND A	VE SUITE 905	
	Enter Florida street a	ddress
MIAMI		_, Florida <u>33131</u>
		Zip Code
er and complete stered agent as registered office	r perjormance of my auto provided for in Chapter (	505, F.S. Or, if this document is
	X=	77/
If Cha	nging Registered Agent Signs	ture of New Registered Agent
	ability Company owing:  The limited liab ords "Limited Liabi able:  T ADDRESS)  BOX)  registered office as here:  VDT CORPOR  150 SE 2ND A  MIAMI  Registered Agent: ad agent and agr or and complete stered agent as registered office change.	rords "Limited Liability Company," the designation able:  IT ADDRESS)  BOX)  registered office address on our records, east here:  VDT CORPORATE SERVICES LLC  150 SE 2ND AVE SUITE 905  Enter Florida street a MIAMI  City  Registered Agent:  It agent and agree to act in this capacity, er and complete performance of my duties stered agent as provided for in Chapter foregistered office address, I hereby confirence of my confirence of the complete performance of the complete performance of my duties stered agent as provided for in Chapter foregistered office address, I hereby confirence of the confirence

H200004037973

H200004037973

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

Title	Name	Address	Type of Action
<del></del>			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
<del></del>			□Change 2020 □Add 0V □Remove
			Oktemove C
			□Remove
			Change
			□ Add
			Remove
			Change
			□Add
			Remove
			☐ Change

H200004037973

					<del></del>
					<del></del>
					<del></del>
				<u></u>	
					<del></del>
	. ,				
					<b>~</b> 3
	······································				0201
	<del></del>			,	
				٠ م	±. ;
				m	
			····	-3:=	
**************************************			, <u>, , , , , , , , , , , , , , , , , , </u>	<del></del>	<u>_</u>
Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the aptiment of State's rec	prior to date of filing or pplicable statutory fil ords.	ing requirements, was	filing.) Pursuant i date will not b	
the record specifies a delayed effective date ord is filed.	e, but not an effecti	ve time, at 12:01 a.r	n, on the earner or: (o,	i The 90th day	y after the
Dated	. 2020		· · ·		
	1	althorized representat	ve obs member		<del></del>
	sture of a member of				

Filing Fee: \$25.00