121000013650

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Ď.	ocument Number))
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		5/11/21 TM





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21 HAR 22 PH 3: 52

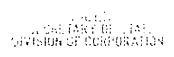
COVER LETTER

TO:	Registration Sec Division of Corp		grand and the second	· •
CUBIC			*.,	5 *
SUBJE	CI;	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspon	ndence concerning this matter	to the following:	
		Ryan C. McDowell		
	University Management Services, LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following:			
		University Management Services, LLC Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. It all correspondence concerning this matter to the following: Ryan C. McDowell Name of Person University Management Services, LLC Firm/Company 1121 Crandon Blvd., Apt. D703 Address Key Biscayne, FL 33149 City/State and Zip Code ryan@universitymgmt.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: Dowell Name of Person a check for the following amount: Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed)		
			Address	
		Key Biscayne, FL 33149		
		· -		
			·	incation)
For furt	her information co	oncerning this matter, please co	all:	
Ryan C	C. McDowell			
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$2 5	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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



21 HAR 22 PH 3: 52

University Management Services, LLC

company has been notified in writing of this change.

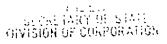
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(, , , , , , , , , , , , , , , , , , ,	·,	
The Articles of Organization for this Limited Liability Comp	any were filed on January 15, 2021	and assigned
Florida document number L21000013650		
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	• •	al eal cata
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	is
	, FIG	orida
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and		erthar acrea to comply with th
provisions of all statutes relative to the proper and comp		
accept the obligations of my position as registered agent		
being filed to merely reflect a change in the registered of	fice address. I hereby confirm the	at the limited liability

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



_____ □Remove

<u>Title</u>	Name	Address 21 MAR 2	2 PM 3: 52 Type of Action
AMBR	Ryan C. McDowell	2811 SW Archer Rd.	■Add
		Gainesville, FL 32608	□ Remove
			Change
			□Add
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	mation, enter change(s) here:			
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		<u> </u>		
 				
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e: If the date inserted in this	he date of filing: must be specific and cannot be prior to block does not meet the applicab Department of State's records.	date of filing or more that the statutory filing requ	(optional) n 90 days after filing.) P irements, this date wi	ursuant to 605.020 Il not be listed a
cord specifies a delayed effec filed.	tive date, but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after th
ed March 19	2021	.·		
	Signature of a member or authori	zed representative of a m	ember	

Filing Fee: \$25.00