121000017135

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming Officer.
Member Signature
∨ Office Use Only



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A. BUTLER MAY 1 1 2022

COVER LETTER

TO: '

Registration Section Division of Corporations

Tallahassee, FL 32314

UCF, LLC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return ali correspo	ondence concerning this matter	to the following:	
	Ana Mitchell		
		Name of Person	
		Firm/Company	
	11416 Carlton Fields Drive		
		Address	
	Riverview, FL 33579		
		City/State and Zip Code	
	homesweethomebyana@gn		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Ana Mitchell		813 599-4669 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	porations
P.O. Box 632	27	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



UCF, LLC

2022 APR 25 PM 5: 28

(Name of the Limi	ted Liability Comp	any as it now appears on our recor- Liability Company)	ds.)
			SECRETARY OF STATE TALLAHAMASSIYATE
		y were filed on <u>surroury</u> 5, 2027	and assigned
Florida document number L21000017135			
ida document number L21000017135 amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: Mitchell, LLC new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: SAME SAME			
A. If amending name, enter the new name o	f the limited liab	oility company here:	
Ana Mitchell, LLC			
The new name must be distinguishable and contain the v	words "Limited Liab	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	SAME	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		SAME	
(Mailing address MAY BE A POST OFFICE	BOX)		
			· · · · · · · · · · · · · · · · · · ·
		address on our records, <u>enter</u>	r the name of the new registered
Name of New Registered Agent:	SAME	<u>-</u>	
New Registered Office Address:			
		Enter Florida street addre	2.55
	_	F	lorida
		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>	<u>Name</u>	Address	Type of Action
			□Add
			Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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effective date: If the d	e, if other thate is listed, the late inserted iffective date	date must be s n this block d	pecific and ca loes not mee	nnot be prior t it the applica	o date of filing ble statutory t	or more than filing require	(optio 90 days after ements, this	filing.) Pursuai	nt to 605.0207 t be listed as
cord speci	fies a delayed	effective dat	e, but not an	effective tir	ie, at 12:01 a	.m, on the e	arlier of: (b)) The 90th c	day after the
s filed.									
s filed. March	12		La	2022	7 M				
March	12		La	C/ii	rized represent	ative of a mer	nber		

E. E. E. E. E. E. C.



RECEIVED

SECULIAHASSÉE.FL

Letter Number: 822A00007594

FLORIDA DEPARTMENT OF STATE

Division of Company

April 1, 2022

ANA MITCHELL 11416 CARLTON FIELDS DRIVE RIVERVIEW, FL 33579

SUBJECT: UCF, LLC

Ref. Number: L21000017135

We have received your document for UCF, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

www.sunbiz.org