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(((H21000063341 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILE IT USA INC. Account Number : I20190000121 Phone : (718)925-2025 Fax Number : (718)925-2027

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 UNITED PROPS LLC

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Page Count	04
Estimated Charge	\$25.00

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Q

UNITED PROPS LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on ou and Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number <u>L21000029655</u>	Company were filed on 01/13/20	21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		-3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	.	E
		2
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records ::	s, <u>enter the name of the new register</u>
Name of New Registered Agent:	 	
New Registered Office Address:	Enter Florida stre	ot address
	ishier Proriag sire	
	City	, Florida
	(ii)	149 1.000

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

From: 17189252027 To: 18506176383

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
AMBR	DAVID EFRAT	4840 SW 34TH AVE	≣ Add
		FT LAUDERDALE, FL 33312	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			☐ Change
			□Add
		□Rei	□Remove
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From: 17189252027 To: 18506176383

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Note:	tive date, if other than the date fective date is listed, the date must be so If the date inserted in this block of ment's effective date on the Depart	does not meet the applic	able statutory filing requirements	optional) after filing.) Pursuant to 605.0207 (3 , this date will not be listed as th
the recor cord is fi	rd specifies a delayed effective dat iled.	e, but not an effective ti	me, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Dated	FEBRUARY 15TH	. 2021	·	
	Sign	lature of a member or auth	orized representative of a member	

Filing Fee: \$25.00