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## **COVER LETTER**

TO: Registration Sec Division of Corp	ction porations			
UNITED PF	OPS LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of a	Amendment and feets) are subtr	nitted for filing.		
	ndence concerning this matter to			
	Efrat David			
		Name of Person		
		Firm/Company		
	3330 NW 97TH WAY			r
		Address		-
	SUNRISE FL 33351			-
		City/State and Zip Code		
	Davidefrat@hotmail.com	to be used for future annual report not	itication)	
For further information c	E-mail address; () oncerning this matter, please cr			r
Efrat David	_	at () 405-2405 Area Code ) Daytir		<u>-</u>
Name v	d Person	Area Code Daytir	me Telephone Number	
Enclosed is a check for (	he following amount:			
€ \$25.00 Filling Fee	☐ \$30,00 Filing Fee & Certificate of Status	∑ \$55.00 Filing Fee & Certified Copy additional copy is enclosed)	Certified	e of Status &
<u>Mailing Addre</u> Registration	Section	Street Address: Registration S		
Division of C P.O. Box 63		Division of Co The Centre of		
Tallahassee,		2415 N. Mon	roe Street, Suite 8	10

Tallahassee, FL 32303

nodeop signature verification

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED PROPS LLC			
(Name of the Lin	(A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited		were filed on 01/13/2021	and assigned
Florida document number L21000029655	·		
This amendment is submitted to amend the fo	Howing:		
A. If amending name, enter the new name	of t <u>he limited lia</u> t	oility company here:	
the new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3330 NW 97TH WAY	
(Principal office address MUST BE A STREET ADDRESS)		SUNRISE FL 33351	
			· · ·
Enter new mailing address, if applicable:		3330 NW 97TH WAY	
(Mailing address MAY BE A POST OFFICE BOX)		SUNRISE FL 33351	
B. If amending the registered agent and/or igent and/or the new registered office addre		address on our records, <u>en</u>	nter the name of the new registe
Name of New Registered Agent:			
New Registered Office Address:	3330. NW 97T	H WAY	
·		Enter Florida street ad	ldress
	SUNRISE		, Florida <u>33351</u>
	<del></del>	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.

กอนของ ราสุกอเมื่อ ventication

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
MGR	EFRAT, DAVID	3330 NW 97TH WAY	
		SUNRISE FL 33351	
			<b>■</b> Change
			□Add
			□ □ Remove
			□ Change
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ecord specifies a delayed effect is filed.	ive date, but not an effective time	e, at 12:01 a.m. on the earlier of	of: (b) The 90th day after th
n effective date is listed, the date m	ne date of filing:  ust be specific and cannot be prior to plock does not meet the applicab Department of State's records.	date of filing or more than 90 days	s after filing.) Pursuant to 605.02
	,		
			<u>-</u>
			****
			<del>-</del>
			<del></del>

Filing Fee: \$25.00

Typed or printed name of signee