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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: SERVICE@FILEITUSA.COM

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ARTICLES OF	ro Organization	į.		
<u>.</u>				
`	OF			
	<i>2</i> 1			
United Props LLC				
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	iany as it now appears on our records.) [Liability Company]			
	01/13/2021	, ,		
The Articles of Organization for this Limited Liability Compan	v were filed on	and assigned		
Torida document number 1.21000029655				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
he new name must be distinguishable and contain the words "Limited Liab	nihty Company," the designation "ELC" or the abb	previation "L.L C."		
Enter new principal offices address, if applicable:	1110 N VIRGIL AVE PMB 95824			
Principal office address MUST BE A STREET ADDRESS)	LOS ANGELES. CA 90029			
The state of the s				
Enter new mailing address, if applicable:	1110 N VIRGIL AVE PMB 95824			
Mailing address MAY BE A POST OFFICE BOX)	LOS ANGELES, CA 90029 💢 📑			
		्र २० १४)		
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, enter the name	e of the new registe		
gent and/or the new registered ornee address here.				
Name of New Registered Agent:		ers Op		
		6.9		
New Registered Office Address:	Enter Florida street address			
	Missault.			
	, Florida	Zıp Code		
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further ag	rec to comply with		
provisions of all statutes relative to the proper and complet	te performance of my duties, and I am f	amiliar with and		
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	s provided for in Chapter 605, F.S. Or,	if this document is		

If Changing Registered Agent, Signature of New Registered Agent

10/09/2023 16:20 From:17189252027 To:18506176383 Date Time 10/09/23 04:20PM Pages: 4 P: 3/4 ((HZ3000353990 3)))

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
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Remove
			☐Change
	414_24		□Add
		□Remove	
			□Change
		+	
			□Remove
			□Change
			Remove
			□Change

10/09/2023 16:20 From:17189252027 To:18506176383 Date Time 10/09/23 04:20PM Pages: 4 P: 4/4

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If amending any other informa	tion, enter change(s) her	re: (Attach addinonal)	sheets, (f necessary.)	
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Effective date, if other than the It an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applic	able statutory filing requ	(optional) in 90 days after (iling.) Pursuirements, this date will	suant to 605,0207 (, not be listed as tl
e record specifies a delayed effective rd is filed.	date, but not an effective to	ime, at 12:01 a.m. on the	carlier of: (b) The 90t	th day after the
October 9	. 2023	·		
•	/s/ David Efr Signature of a member or auth	of orized representative of a n	nember	
	David El			
		ed name of signee		<del></del>

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