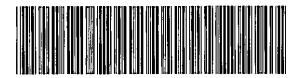
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Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Utmate Prope	Hy Thusfments UC.
The enclosed Articles of Amendment and fee(s) are submi	atted for filing.
Please return all correspondence concerning this matter to	the following:
Hayesi Ultimate	Flandet Name of Person Property Investments IIC, FrancCompany
8134 Parin	Address Address
Tampa	City/State and Zip Code  Coff (7-10) Gmail Com  Com
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please call	l:
Hayers Flrnandet Name of Person	at (S13) 724- S108 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee 7 Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee 7 Certificate of Status & Certified Copy (additional copy is enclosed)
	ن
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ultimose Prop	erty Investment	5 UC
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on	<u>₩</u>   202  and assigned
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, re:	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	y address
	imer i wrata siree	
	City	, Florida 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
DUNZ	Mayersi Fernandiz	Address - St34 Parinaga Cu, Tomp	A_ □Add
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			🗆 Remove
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Filing Fee: \$25.00