L21000177207

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COVER LETTER

TO: Registration Se Division of Cor	norations		
SUBJECT:	V / 1/O.C.	od Liability Company	
	Amendment and fee(s) are subm		
Please return all correspo	ndence concerning this matter to	i the following.	
	SAM_	SABOL Name of Person	
	6/40	Firm Company	<u> </u>
	8177 G	lades rd Su	(te 2)
	Boca Rai	City/State and Zin Code	-134
	E-mail address: (1)	Burn 130 eq	
For turiner information of	oncerning this matter, please ca	11:	
SAM	,	a 914, 4e6	C311
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ultion	LLC.		
(Name of the Limited Liability Comp (A Florida Limited	lability Company)	records.	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L20017726</u>	y were filed on . 44	6/21 and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation	on "LLC" or the abbreviation	L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE .4 STREET ADDRESS)			
			
Enter new mailing address, if applicable:		-1 73	
(Mailing address MAY BE A POST OFFICE BOX)	-		
		5%	,
B. If amending the registered agent and/or registered office	ce address on our record	s, enter the name of the	new registered
agent and/or the new registered office address here:			· - ·
			90
Name of New Registered Agent:		<u>.</u>	
New Registered Office Address:			
	Enter Florida si	reet address	
		, Florida	
	City		Cude

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 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	<u>Address</u>	Type of Action
AP	JACOB KOFF		DAdd
		21/146 town lakes of	33496
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			AlRemove
			ClChange
			DAdd
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
we need to change the titles of
Seth M. Warshaw
SMUEL Sabol
Leviz Abransas
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11(9)
2821
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: 06
Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.
Dated July 38th , 2021.
- Solal
Signature of a member or authorized representative of a member
Shurp Sahol
Typed or printed name of signal

Filing Fee: \$25.00