

Nov 18 21:11:00a

GOOD DAY TAX

4077306216

P.1

L21000188687

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000425054 3)))



H210004250543AECX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GOOD DAY TAX
Account Number : I20210000158
Phone : (407)301-1108
Fax Number : (407)730-6216

2021 NOV 18 PM 12:51
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: UBICORPDEVELOPMENT@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UBICORP DEVELOPMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2021 NOV 18 AM 11:09

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

NOV 19 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UBICORP DEVELOPMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRIS S. UBILLA FERNANDEZ

Name of Person

UBICORP DEVELOPMENTS LLC

Firm/Company

15245 SUNSET OVERLOOK CIR

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

UBICORPDEVELOPMENT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS S. UBILLA FERNANDEZ

407 989-8850
at ()

Name of Person

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 &
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

UBICORP DEVELOPMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2021 NOV 18 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/22/2021 and assigned
Florida document number L21000188687.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15335 GROOSE POINT LN.

CLERMONT, FL 34714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15335 GROOSE POINT LN.

CLERMONT, FL 34714

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CHRIS S. UBILLA FERNANDEZ

New Registered Office Address:

15335 GROOSE POINT LN.

Enter Florida street address

CLERMONT

City

, Florida 34714

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.

Chris S. Ubilla Fernandez
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>	<u>Address</u>	<u>Type of Action</u>
MGR	UBILLA FERNANDEZ, CHRIS S	15335 GROOSE POINT LN.	<input checked="" type="checkbox"/> Add
		CLERMONT, FL 34714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CORONEL CARPIO, ELSA M.	15245 SUNSET OVERLOOK CIR	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 NOV 18 PM 2:57
TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 NOV 18 PM 12:57
SEATTLE, WASH. STATE, FLORIDA
TALLAHASSEE, FLORIDA


E. Effective date, if other than the date of filing: 11/17/2021
(If an effective date is listed, the date must be the date the invention was first used in commerce.)

(optional)

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.

If the 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 record is filed.

Dated NOVEMBER 17, 2021

R 17,  Signan

Signature of a member or authorized representative of a member

ELSA M. CORONEL CARPIO

Typed or printed name of signee