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(Ře	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	

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COVER LETTER

TO: Registration Se Division of Cor				
	LD UCO LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	LARRY SHARON			
		Name of Person		_
	CONEY ISLAND CAPIT	AL LLC		
		Firm/Company		_
	5768 PINE TREE DRIVE			
		Address		- · · · · ·
	MIAMI BEACH, FL 331	40		:
		City/State and Zip Code		_
	LARRY@CONEYISLANI			
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)	
LARRY SHARON	2 F	917 3851044		
		at () Area Code Daytin	Talanhana Mash	
Name o	f Person	Area Code Dayun	ie Teiephone Numo	or
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co	rporations	
P.O. Box 632	.7	The Centre of		010
Tallahassee.	FL 32314	2415 N. Monro	e Street. Suite	810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3RD WORLD UCO LLC		
(Name of the Limited Liability) (A Florida Li	Company as it now appears on our record imited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Con Florida document number <u>L21000344159</u>	npany were filed on 07/29/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Q TRAIN LLC		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	<u>SS)</u>	
		(1)
	_	
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
Making address MAT BE A FOST OFFICE BOX)		2
		<u> </u>
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	<u> </u>
	FI/	orida
-	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.

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
			Change
			□Add
			□Remove
			☐Change
-			∴ ☐Remove
			Ghange
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove

APRIL 3 2023						
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etive date, if other than the date of filing: (optional) 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 605.1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed. APRIL 3					,	
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Filing Fee: \$25.00