## L21000352749

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	UGTAI I	NVESTENT LLC			
30 <b>5</b> 0EC1.	Name of Lir	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		PARTH PATEL			
		Name of Person	,		
	_	-	<del>-</del>	202 SE	 *
Firm/Company			<u>.</u>	2021 AUG 10 SECI, (TAY)	
3608 DEL PRADO BLVD S  Address					
CAPE CORAL, FL 33904				PH 3: 28	Ċ
City/State and Zip Code				3: 28 TATE FL	
PARTH0163@GMAIL.COM  E-mail address: (to be used for future annual report notification)					
For further information of	concerning this matter, please c	<u>-</u>	,		
PARTH PATEL		561 346-0331			
Name of Person			Telephone Number	<del></del>	
Enclosed is a check for t	he following amount:				
<b>☼</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Sectorision of Corp	orations		
P.O. Box 632 Tallahassee, 1		The Centre of Ta 2415 N. Monroe		)	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UGTAI INVES	STENT LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	AUGUST 5, 2021	and assigned
Florida document number L21000352749			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company t	<u>iere</u> :	
	ESTMENTS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			202 SE
(Principal office address MUST BE A STREET ADDRESS)	·		2° 2 70
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	***	·	F-12 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our	records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:			
New Registered Office Address:	21 21		
	Enter Flo	orida street address	
		, Florida	
	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

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fan effectiv Note: If t	date, if other than we date is listed, the date he date inserted in th 's effective date on th	e must be specific iis block does no	ing: and cannot be pri of meet the app	licable statutory	g or more than 90			
	oecifies a delayed eff	ective date, but	not an effective	time, at 12:01	a.m. on the earl	ier of: (b) The	90th day a	fler the
d is filed.	AUGUST 5		2021					
rd is filed.	AUGUST 5		12H =					
e record sprd is filed.  Dated	AUGUST 5	Signature o	12H =	thorized represen	itative of a memb	er		

Filing Fee: \$25.00