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COVER LETTER

TO:

Registration Section

Division of Corporations

UAFL LLC				
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ANGELA VILLANUEVA			
		Name of Person		
	WILLIAMS & BAERSON	N LLC	S	20
		Firm/Company	TAL TAL	<u> </u>
	I NORTH LASALLE ST	REET. SUITE 1350	ETAS	2021 AUG 19 PH 3
		Address	Y OF	~ 1
	CHICAGO IL 60602		SEE, F	PM 3: 02
	-	City/State and Zip Code		02
	AV@WB-LEGAL.COM			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
ANGELA VILLANUEV	'A	312 629-9003 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	-
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)	S60.00 Filing Certificate of Certified Cop (additional copy	Status & y
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Con The Centre of T	porations	
Tallahassee, l			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UAFL LLC		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on AUGUST 17. 2	and assigned
Florida document number L21000367912	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
AVODAH UAFL LLC		s 25
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	
Enter new principal offices address, if applicable:		AUG T
Principal office address MUST BE A STREET ADL	ORESS)	52 9 P
		CÓO PROPERTO DE LA COMPANSION DE LA COMP
		3: 02 3: 7/11 5. FL
Enter new mailing address, if applicable:		m 2
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or register		er the name of the new regis
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Address.	Enter Florida street add	ress
	1	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 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
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			_	Remove
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ctive date, if other than the date of effective date is listed, the date must be specified.	cific and cannot be prior	o date of filing or mo	re than 90 days afte	ional) er filing.)	Pursuar	nt to 605.02
e: If the date inserted in this block doe iment's effective date on the Departme	es not meet the applica ent of State's records.	ble statutory filing	requirements, th	is date	will not	be listed
ord specifies a delayed effective date.	but not an effective tir	mc, at 12:01 a.m. o	n the earlier of: (b) The	90th d	lay after th
filed.						•
ALICUIST 17	2021					
ad AUGUST 17		<u> </u>				
1						
Angela VIVani	ulum are of a member or autho	rized representative	of a member			