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To:	Division of Corporations		>
	Fax Number : (850)617-6383		APR
From:		: :-	<u>_</u>
	Account Name : ALVAREZ, SUAZO & ASSOCIATES	•	~
	Account Number : I20130000076	11112	70
	Phone : (305)388-7028	٠١٠ ,	K
	Fax Number : (305)479-2705	TENNO I	ά
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	USH CAPTIAL LLC		

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C. BRUMBLEY

C. BRUMBLEY

APR 14 2022

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USH CAPTIAL LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	and assigned	
Plorida document number L22000140972		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
USH CAPITAL LLC		
The new name must be distinguishable and contain the words "Limited	Lisbility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		and assigned To the abbreviation "L.L.C."
		PR T
Enter new mailing address, if applicable:	7951 RIVIERA BLVD	30 E
(Mailing address MAY BE A POST OFFICE BOX)	101	ות) מר
Mature and ess MAT DE ATOUT OF THE BOY	MIRAMAR, FL 33023	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter th	
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	
		
	City	Zip Code
Now Desistand Agent's Standard If shanning Posistand A	ment.	

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
N/A		N/A	DAdd
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If amending any other information, e	sites change(s) neve.	(Antich idamona shee	ss, y necessary.	
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the record specifies a delayed effective date, nord is filed.	but not an effective time	at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	after the
Dated APRIL 12	2022			
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Signati	ure of a member or authoriz	ed representative of a mem	b er	-