

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000158260

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

From:
 Account Name : LAMADRID FINANCIAL SERVICES CORP
 Account Number : I20200000059
 Phone : (954)727-9771
 Fax Number : (954)727-9773

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

Email Address: diong@lamadridfinancial.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 UGZ BH LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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2022 JUN 20 AM 6:38
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 AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UGZ BH 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:

RICARDO JAVIER UGARRIZA TOSCO
Name of Person
UGZ BH LLC
Firm/Company
PADRE COLMAN 208 CASI BERNARDINO CABALLERO
Address
ASUNCION, PA PA
City/State and Zip Code
analiagz75@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO JAVIER UGARRIZA TOSCO
Name of Person
595 981-859-711
at () 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

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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

UGZ BH LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/14/2022 and assigned Florida document number L22000158260.

This amendment is submitted to amend the following:

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

N/A

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: 9801 COLLINS AVE UNIT 16Y
BAL HARBOUR, FL 33154
 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1265 S PINE ISLAND RD
PLANTATION, FL 33324
 (Mailing address MAY BE A POST OFFICE BOX)

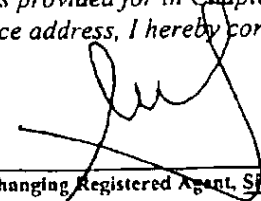
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: LAMADRID FINANCIAL SERVICES CORP
 New Registered Office Address: 1265 S PINE ISLAND RD
Enter Florida street address
PLANTATION, Florida 33324
City Zip Code

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 APPROVED

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

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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>
N/A	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
N/A	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
N/A	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change

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