From: 3053589656

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(((H22000148758 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 : (305)371-5758 Fax Number : (305)371-3178

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

Email Address: MHasner OTherrel baisden

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-UFURST, LLC

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T. LEMIEUX Help APR 2 7 2022

### From: 3053589656

#### CUYERLELIER

TO: Registration Social Division of Corp						
UFURST, L	ı.c					
SUBJECT: Name of Limited Liability Company						
	Amendment and fee(s) are subr		·			
Please return all correspo	udetice colicerning this matter t	o me tonowing.				
	MARK M. HASNER					
	Name of Person					
	THERREL BAISDEN, LLP					
	Firm/Company					
	1 S.E. 3RD AVENUE, SUITE 2950					
		Address	<del></del>			
	MIAMI, FLORIDA 33131	•				
		City/State and Zip Code	<del></del>			
	MHASNER@THERRELBA	AISDEN.COM to be used for future annual report notice	ication)			
To a formula información a						
	oncerning this matter, please co	<u>.</u>				
MARK M. HASNER		305 371-5758 at ()	<u> </u>			
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addre</u>	<u>93:</u>	Street Address:				

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

From: 3053589656

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#### ARTICLES OF AMENDMENT

# TO ARTICLES OF ORGANIZATION

UFURST, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	Inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000166924</u>	were filed on 04/21/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ollity company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
	2022 A
Name of New Registered Agent:	第一 <b>を</b> 公記 <b>2</b> 日
New Registered Office Address:	NO CONTRACTOR OF THE PROPERTY
	Enter Florida street address Florida 5 5
	City Cade

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.

#### or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
		·	□Remove
			□ Change
<del></del>			□Add
			□Remove
		<del></del>	□Change
			□ Add
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			☐ Change
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			Remove
			☐ Change
			□ Add
			□Remove
			☐ Change

To: FAX SERVICE

Dated April 25th 2022

Signature of a member or authorized representative of a member

Mark M. Hasner

Typed or printed name of signee

Filing Fee: \$25.00