Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number

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From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:		

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NHA COLUMBUS, LLC

Certificate of Status	0
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	UMBUS, LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compared Florida document number <u>L22000355518</u>	ny were filed on 08/12/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited is	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(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 offic agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, enter the	name of the new registered  AP.  AP.  AP.  AP.  AP.  AP.  AP.  AP
Name of New Registered Agent.		SE N FEE
New Registered Office Address:	Enter Florida street address	
	, Florid:	ZipCade

#### 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>	Name	Address	Type of Action
MGR	OSMAN A. LATIF	5136 W LONGFELLOW AVE	
		TAMPA, FL 33629	□Remove
			Change
MGR	SEUNG-HI YON	5136 W LONGFELLOW AVE	□Add
		TAMPA, FL 33629	□ Remove
			<b>≅</b> Change
			[]Remove
			Change
			□Add
			□ Remove
			Change
			[] Add
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ffect	ive date, if other than the date of filing:
an eff ote: ocum	fective date, if other than the date of filing:  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	August 17 , 2022
	and the second s
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00