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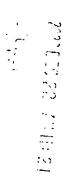
(Req	uestor's Name)	
(Add	ress)	
bbA)	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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12/22/22--01007--006 **25.00



COVER LETTER

TO: Registration Sec Division of Corp				
UIS Holding				
SUBJECT:	Name of Limite	ed Liability Company		
The enclosed Articles of A	amendment and fee(s) are subm	itted for filing.		
Please return all correspor	ndence concerning this matter to	o the following:		
	Harold S. O'Steen Jr.			
		Name of Person		
	UIS Holdings, LLC			
		Firm/Company		~>
	643 Edison Ave			771 C 2 2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
		Address		
	Jacksonville / Florida 3220	4		: 0
		City/State and Zip Code		· · · · · · · · · · · · · · · · · · ·
	hsosteen@comcast.net	Company patie	ication)	F. 1
		o be used for future annual report notif	reactions	
For further information c	oncerning this matter, please ca			
Cody O'Steen		904 422-7495 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations	310
rananassee.	11/34/17		22202	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pears on our records.) y)		
12/2/2022 and assigned		
here:		
ne designation "LLC" or the abbreviation "L.L.C."		
2)		
·:		
r records, enter the name of the new registe		
		
Florida street address		
, Florida Zip Code		

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

Title	Name	Address	Type of Action
MGR	Harold S. O'Steen Jr.	643 Edison Ave	■Add
	•	Jacksonville, FL 32204	□Remove
			□Change
			□Add
			☐ Change
		·	☐ Āḍʾġ
			☐ Change
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			Remove
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				22
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ective date, if other than the date of filing			(optional)	
effective date is listed, the date must be specific and one. If the date inserted in this block does not me	et the applicable stat			
ument's effective date on the Department of St	ite's records.			
cord specifies a delayed effective date, but not a	n affective time at L	2:01 a.m. on the earlies	of (b) The Out	day after th
s filed.	ii cirective time, at i	2.01 a.m. on the carrie	01. (b) The 700	day anter in
12/14/2022				
ed	· ·			
	MV			
bodus		_		

Filing Fee: \$25.00