L22000533179

(F	Requestor's Name)	
	Address)	
· ·	10010307	
(<i>F</i>	Address)	
		
((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
(E	Business Entity Name)	
	Document Number)	
(1	Social real real risery	
Certified Copies	Certificates of S	Status
· ·		
Special Instructions to Fi	iling Officer:	

Office Use Only

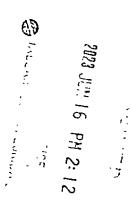


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LLC N/C Amena

TILTU

A RAMSEY



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I2000000195
	REFERENCE	:	1 · · · · · · · · · · · · · · · · · · ·
	AUTHORIZATION	:	Come Reman
	COST LIMIT	:	\$ 25.00
ORDER DATE :	June 14, 2023		
ORDER TIME :	1:36 PM		
ORDER NO. :	815123-005		
CUSTOMER NO:	4305380		

DOMESTIC AMENDMENT FILING

NAME: UF-GF 01 LLC

EFFECTIVE DATE:

	ARTICLES RESTATED				INCO	ORPORA:	IOI	4
PLEASE	RETURN	THE	FOLLO	WING	AS	PROOF	OF	FILING:
XX	_ CERTIF _ PLAIN CERTIF	STAM	1PED C		STA	ANDING		

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JUN 16 AM 10: 16

UF-GF 01 LLC

(Name of the Limited Liability Company as it now appears on our records.) (SEASSEE, FLORID)

(A Florid	da Limited Liability Company)	
The Articles of Organization for this Limited Liability Plorida document number L22000533179		and assigned
This amendment is submitted to amend the following:	<u>—</u> ·	
A. If amending name, enter the new name of the lin	nited liability company here:	
UF-BP 01, LLC		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered		r the name of the new regis
gent and/or the new registered office address here:		
N 6N 10 11 14		
Name of New Registered Agent:		<u></u>
New Registered Office Address:		_
	Enter Florida street addre	P.S.S
		lorida
	City	Zip Code

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
		·····	
			□Remove
			□Change
			□Add
			Remove
			□Change

Page 2 of 3

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note:	ive date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated .	
	Signature of a member or authorized representative of a member
	Boris Musheyer

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Filing Fee: \$25.00