L23000279503

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Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From:
Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
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K. SALY
MAR 27 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000114436 3

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TALLAHASSEE, FLORIDA

Umo Design 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 03/17/2023 and assigned Florida document number L23000029503.

This amendment is submitted to amend the following:

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

UCMO LLC

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:
(Principal office address MUST BE A STREET ADDRESS)

11851 SW 42nd Place
Unit 312
Miramar, FL 33025

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11851 SW 42nd Place
Unit 312
Miramar, FL 33025

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: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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

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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

Title	Name	Address	Type of Action
MGR	Andrea Escalona Hoffmann	11851 SW 42nd Place	■ Add
		Unit 312	☐ Remove
		Miramar, FL 33025	☐ Change
AMBR	Andrea Escalona Hoffmann	11851 SW 42nd Place	■ Add
		Unit 312	☐ Remove
		Miramar, FL 33025	☐ Change
AMBR	Kevin Valencia	11851 SW 42nd Place	■ Add
		Unit 312	☐ Remove
		Miramar, FL 33025	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (2)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed

Dated March 27th 2024

/s/ Andrea Escalona Hoffmann
Signature of a member or authorized representative of a member

Andrea Escalona Hoffmann
Typed or printed name of signee

Filing Fee: $25.00