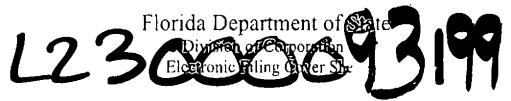
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230000937973)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCTSMART INC D.B.A. AVILAS ACCOUNTING SERVICES

Account Number : I20180000072 Phone : (305)407-2030

Fax Number : (305)407-1370

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 U.S.T.A. GROUP L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

Ü

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: 3054071370

U.S.T.A. GROUP L.L.C (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 02/21/2023 ____ and assigned Florida document number L23000093199 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

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

03/11/2023 19:42

From: 3054071370

ACCISMARI, INC. Webfax

Page: 3/4

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
AMBR .	ROLANDO PEREZ SOTO	7900 OAK LANE. SUITE 440	-
		MEAMI LAKES, FL 33016	□Remove
			□ Clunge
			
			l¬Remove
			©Change
			□Add
			□Remove
			Change
			DRemove
			DChange
		***************************************	ClAdd
			_

·- · · · · · ·					
			_		
	· — - / "	· · <u></u> · <u></u>		· ···	
		- <u>-</u>			
·					
	·			······································	
					 -
					
			· · · · · · · · · · · · · · · · ·		
			·		
	· · · · · · · · · · · · · · · · · · ·				
					
				- 	
	** **********************************				
***	·		·		
. 10-16		·			
			····		
_ 			···		
ective date, if other tha	the date of filing	;		(antional)	
O CHICCHYE GRIC IS listed, the da	P MINE NO COACIÑO AND A		of filing or more than?	O days after filing.) Pursuant	to 605.0207 (
te: If the date inserted in tournent's effective date on			untory filing require	ments, this date will not b	e listed as the
		aic 5 records,			
cord constitues a distance di co					
cord specifies a delayed of s filed.	ective date, but not a	n effective time, at	12:01 a.m. on the ea	rlier of: (6) The 90th day	after the
, MARCH 8		2023			
ed	,	7023			
	11/1.6	-			
<u> </u>	Solut.				
	Signature of a me	mber or authorized re-	presentative of a memb	ner -	
	~ ^ ~ ~ ~ ~				
ROLANDO PERE	4 SOTO				

4230000937973 Filing Fee: \$25.00