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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SUBJECT:	iten III	LC . ited Liability Company	·
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		1	
	Louis	stinson Jr.	
		Name of Person	
	Louis	Otinson Jr. 7.A	
		Firm/Company	
	55 MARR	ICK WAY, STE 2	02-A
	(Address l	
	Conal GABLE	=5, Fl. 33131	
	(City/State and Zip Code	
	Louis @ stin	SON/QW.COM to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please ca	all:	
Louis St	incon To	20- 000 0	EQ ()
Name of	inson Jr.	at (<u>305</u>) <u>903 - 8</u> Area Code Davime Te	STOT
raine o.	i i cison	Area code Daytime re	elephone Number
			·
Enclosed is a check for th	e following amount:		100
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Section	
Division of C P.O. Box 632		Division of Corpo The Centre of Tall	
Tallahassee, F		2415 N. Monroe S	
	· ·	= : : : : : : : : : : : : : : : : : : :	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United TIE L	_LC					
(Name of the Limited Liability Compan (A Florida Limited Li	iv as it now appears on our records.) lability Company)					
The Articles of Organization for this Limited Liability Company were filed on						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil	lity company here:					
The new name must be distinguishable and contain the words "Limited Liabilit	by Company "the decimation "LLC" or the abbreviation "LLC"					
	ty company. The designation DEC of the authernation D.E.C.					
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 acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new regist</u>					
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is					

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>	<u>Name</u>	Address	Type of Action
AMBR	LUCA BOF	55 MENNICK WAY, SUITE 202-A CONAL GABLES, Fl- 33/39	[YAdd
		<u></u>	□Remove
AMBR	Solaixa BOF	55 MERRICK WAY, Svite 202 CONAL GABLES, Fl. 33137	□Change A i DAdd
			□Remove
			□Change
			1
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an effective date is listed	I, the date must be specific ar ted in this block does not	nd cannot be prior to date	of filing or more than 90	days after filing.) Pursuar	
ATAL II IBA ASTA INCAN	ate on the Department of		tatutory minig requires	ienis, tins date win not	oc fisicu as
			**		
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