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SECRETARY OF STATE

Y. SCOTT OCT 2 2 2023

## **COVER LETTER**

TO: Registration Sect Division of Corpo			, •.
SUBJECT UNI	TED DEVEL	OPERS LLC.	
SUBJECT: ON I	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Sherif	Hanna	<b>2</b> 0
		Name of Person	
	United D	evelofers LLC.	2023 OCT 12
	United 15	Firm/Company	2
	6091 Spr	ing Crayfish A	[Ve : 의
	New Port Ri	chey FL. 3465	3
		City/State and Lip Code	
	Sherit_5_5	o be used for future annual report notifi	ication)
For further information co	ncerning this matter, please ca		
Sherif Ha	ина	at (562) 340 S	3215
Name of	· <del></del>	Area Code Daytime	e Telephone Number
Enclosed is a check for the	_	_	en de company en
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
77 TT . A.M		Street Address:	
<u>Mailing Address</u> Registration S		Registration Sec	
Division of Co	orporations	Division of Cor The Centre of T	•
P.O. Box 632° Tallahassee, F		- · · · · · · · · · · · · · · · · · · ·	e Street, Suite 810
. Citatiacove, i		Tallahassee, FL	. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED DEVELOPE	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 000 3869 08</u> .  This amendment is submitted to amend the following:	were filed on 08/17/2023 and assigned
A. If amending name, enter the new name of the limited liab	
UNITED DEVELOPERS FLOR	IDA LLC
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	6091 String Crayfish Ave. New Port Richey FL. 34653
(Principal office address MUST BE A STREET ADDRESS)	New Port Richey FL. 34653
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6091 String Crayfish Ave New Port Richey FL 34653
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent:	, DIV

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.

City

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

Enter Florida street address

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
			□ Add
			□Remove
			Change
/	/		□ Add
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