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COVER LETTER

TO: Registration Section Division of Corporations					
	UFREE LL	C			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	E	VERTON VIEIRA Name of Person	DE MELO		
		PREE LLC Firm/Company			
	5451, Mille	nia Lakes BLVD	APT 103		
	ORLANDO	- F-L - 32839 City/State and Zip Code			
	USree Consu E-mail address: (Hing @ Cmail (ication)		
For further information co	ncerning this matter, please ca	all:			
CVERTON VIEIRA DE MEW at (689) 243 70 SO Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the	e following amount:				
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address	<u>:</u>	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U FR	E LLC
(<u>Name of the Limited Lis</u> (A Flo	illity Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	Company were filed on OCTOBER, 18, 2023 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	mited liability company here:
The new name must be distinguishable and contain the words "	imited 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 AL	DRESS)
	ર
Enter new mailing address, if applicable:	;
<u>Mailing address MAY BE A POST OFFICE BOX</u>	
B. If amending the registered agent and/or registored agent and/or the new registered office address here	ed office address on our records, enter the name of the new registers
recit undrot the new registered office undress ner	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	
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

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
MGR	EVERTON VIEIRA DE MENO	54	□Add
			Remove
		5451 MILLENIA LAKES BLVD, 103	Ä Change
			🗆 Add
			□Remove
			Change
			□Add
			Remove .
			□Change
			DAdd
			□Remove
			□Change
			DAdd
			□Remove
			Change
			🗆 Add
		-	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)

(If an effective date is tisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(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 DECEMBER. 23 Signature of a member or authorized representative of a member CVERTON VIEIRA DE MELO
Typed or printed name of signee

Filing Fee: \$25.00