L240000 73001

| | (Requestor's Name) |
|---------------------------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
| · · · · · · · · · · · · · · · · · · · | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | |
| | |
| | |

Office Use Only



700423690517

PILED PS

TALLAHASSEE FINATIONS

COVER LETTER

| Division of Cor | porations | | |
|-----------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| SUBJECT: Ubic | case Home I | investments LLC | |
| | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Leandro | | |
| | Leandro | No gueira Name of Person | |
| | | Name of Person | |
| | BT7 Partners | Firm/Company | |
| | | Firm/Company | 2 % |
| | 7680 Univers | Firm/Company Address | 380 |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | Orlando, A | 32-819 City/State and Zip Code 5+7 partners.com to be used for future annual report notif | |
| | | City/State and Zip Code | |
| | Inoqueira es | stipartners.com | . |
| | | | lication) |
| l . | oncerning this matter, please ca | all: | |
| Leandro | Noguerra | | 2505 |
| | f Person | at (240) 704. a | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| 25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclused) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

. .

Registration Section

TO:

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

Street Address:

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

| UBICASE HOME INVESTMENTS LLC | | |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | gas it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company w | /ere filed on <u>02/09/2024</u> | and assigned |
| Florida document number 1.24000073001 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ity company here: | |
| he new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | 024 |
| | | |
| | ······································ | 23 [|
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | ,7. | <u> </u> |
| maning quaress MAT BE A TOST OT FICE DOAY | | 53 |
| | | |
| 3. If amending the registered agent and/or registered office adagent and/or the new registered office address here: | idress on our records, <u>enter the nar</u> | ne of the new regi |
| 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

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 | LUIZ HENRIQUE DA SILVA CA Sia ro | 15717 VETTA DRIVE - MONTVERDE 34 | 🗆 ^dd |
| | | 34756 | ≡ Remove |
| | | | □Change |
| AMBR | MAURICIO UBIRATAN D AGO S(-o | 7680 UNIVERSAL BLVD SUITE 380 | 🗀 Add |
| | | ORLANDO - 32819 | = Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □ Change |
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Page 2 of 3

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| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. | ffective date, if other than the date of filing: | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------|------------------------------------|-------------|
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| | Luiz Casairo Signature of a member or authorized representative of a member | Dated FEBRUARY 22ND | 2024 | <u>.</u> • | | |
| Luiz Caseiro | Signature of a member or authorized representative of a member | | Luiz Caseir | ø | | |
| Signature of a member or authorized representative of a member | | Sign | lature of a member or authori | zed representative of a mer | nber | _ |
| LUIS HENRIQUE DA SILVA CASEIRO | | | Typed or printed | name of signee | | _ |

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