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Division of Corporations

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Help

K. SALY

JUN 2 6 2024

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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

NATIIVO BAY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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| ion *L.L.C." | | |

| The Articles of Organization for this Limited Liability Company | were filed on 04/11/2024 | _ and assigned |
|--|--|-----------------------|
| Florida document number L24000172855 | | |
| This amendment is submitted to amend the following: | | , |
| A. If amending name, enter the new name of the limited linbi | ility company here: | |
| UMA PROPERTY MANAGEMENT LLC | | |
| The new name must be distinguishable and contain the words 'Limited Liabil | ity Company," the designation "LLC" or the abbi- | eviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| One of the control of | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | iddress on our records, enter the name | of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | . Florida | |

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.

Cuy

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: | | | | |
|---|------------------------------|---|--|-------|
| | Manager Authorized Member | | | |
| Title | Name | Address | Type of Action | |
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| D. If amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| (If an effect <u>Note:</u> If | e date, if other than the date of filing: | |
| If the record s record is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after i. | he |
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| | inan naciff juan saciff from 15 sold 17 so dut 1-1) | |
| | Signature of a member of authorized representative of a member | |
| | JUAN M. NACIFF | |
| | Typed or printed name of signed | |

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