

L24000267214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

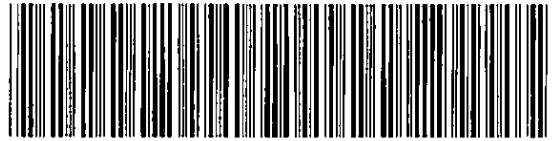
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7B

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UBUNTU PRIME LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINA BELFORT URDANETA

Name of Person

UBUNTU PRIME LLC

Firm/Company

6405 NW 36TH ST STE 201

Address

VIRGINIA GARDENS, FL 33166

City/State and Zip Code

ubuntuprimeteam@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA BELFORT URDANETA

Name of Person

at (813)

Area Code

345.7646

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

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**

UBUNTU PRIME LLC

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

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L24000267214

2024 OCT 30 AM 11:03

ALLA STATE
TALLAHASSEE, FL

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

in 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	VORTEX TEAM LLC	9301 SW 170TH PSGE MIAMI, FL 33196	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RODRIGUEZ, MIGUEL	8026 ARGENTINE DR W JACKSONVILLE, FL 32217	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LADELE SERVICES LLC	5991 SW 76TH ST APT B6 SOUTH MIAMI, FL 33143	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS AUGUSTO BELFORT	11053 NW 43rd LN, DORAL FL 33178	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAROLINA BELFORT URDANETA	11053 NW 43rd LN, DORAL FL 33178	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		UPDATE LAST NAME, IT CHANGE CAROLINA URDANETA TO CAROLINA BELFORT URDANETA	<input checked="" type="checkbox"/> Change
AMBR	FERNANDEZ, YOHANA	8977 NW 182ND TER, HIALEAH FL 33018-6538	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		CHANGE ADDRESS TO 8977 NW 182ND TER, HIALEAH FL 33018-6538	<input checked="" type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AMBR URDANETA CAROLINA CHANGED HER NAME TO BELFORT URDANETA, CAROLINA

AMBR FERNANDEZ, YOHANA CHANGED HER ADDRESS TO 8977 NW 182ND TER. HIALEAH FL 33018-6538

E. Effective date, if other than the date of filing: 10/01/2024 (optional)
(If an effective date is listed, 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 OCTOBER, MONDAY 21 Th , 2024

DocuSigned by:
CAROLINA BELFORT URDANETA
Signature of a member or authorized representative of a member

CAROLINA BELFORT URDANETA
Typed or printed name of signee