## M1900007079

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	. <u> </u>
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





400387937054

05/24/22--01016--021 \*\*25.00

2022 HAY 24 AM 11: 42 SECRETABLY OF STATE

### **COVER LETTER**

TO:	_		Section Corporations			
SUBJE	ECT:	Ucomn				
			Name of Fo	reign Limited Lia	bility Co	mpany
Dear S	Sir or N	Aadam:				
The en	elosed	l applic	ation, certificate and fe	e(s) are submitted	for filing	g.
Please	return	all cor	respondence concernin	g this matter to the	e followii	ng:
Joshua	Ginter					
			Name of Person		<del></del>	
Global	Virtual	Agent S	Services, LLC			
			Firm/Company			
651 N.	Broad	St. Suite	308			
			Address		_	
Middle	town, I	DE. 1970	99			
			City/State and Zip (	Code		
-	_	agilelega			<b>—</b> .	
E-m	ail add	dress: (1	o be used for future an	nual report notific	ation)	
For fur	rther ii	nformat	ion concerning this ma	tter, please call:		
Joshua	Ginter			at (	37667	10
		Nan	ne of Person		le & Day1	time Telephone Number
	<u>Maili</u>	ng Addr	ess:		Street A	
	Regi	stration	Section			ration Section
			Corporations			on of Corporations
		Box 63				entre of Tallahassee
	Talla	ihassee	, FL 32314			N. Monroe Street, Suite 810 assee, FL 32303
	Encl	osed is	a check for the follow	ing amount:		
<b>=</b> \$25			☐ \$30 Filing Fee &	🔲 \$55 Filing	g Fee &	□ \$60 Filing Fee,
	C		Certificate of Stat	us Certified	Сору	Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Departme	ent of
State: Ucomm, LLC		
Enter new principal office address, if applicable:	No Change	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		<del>-</del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No Change	2022 MAY 24 SEURL TAR
2. The Florida document number of this limited lia	ability company is:	SSEE. FL
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 07/2	2/2019	
SECTION II (5-9 complete only the applicable of		
5. New name of the limited liability company: You (must	ugo (USA) LLC t contain "Limited Liability Company,"	"L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.L.C	naging members adopting the alternate r	in Florida and attach a name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records, <u>enter t</u> ddress here:	he name of the new
Name of New Registered Agent: No Change		
New Registered Office Address:	Enter Florida Street .	Address
	Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ager the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I fur and complete performance of my duties, vered agent as provided for in Chapter 6 in the registered office address, I hereby	, and I am familiar with — 05, F.S. Or, if this

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  No Change					
tle/ Capacity	<u>Name</u>	Address	Type of Action		
			□Add		
			Remo		
			□Add		
			2022 MAY		
			至		
			ASSET, FL		
			Remo		
			□Add		
			Remo		
			Remo		
aforementioned am	icate, if required: no more than 9 endment(s), duly authenticated be law of which this entity is org	by the official having custody of record anized.			
	Signature o	The auth	>		
	Signature o Aly El-Bassuni - CEO	a me aum			

Filing Fee: \$25.00

Page 1

### Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF 'UCOMM, LLC', CHANGING ITS NAME FROM "UCOMM, LLC" TO "YUGO (USA) LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2022, AT 12:16 O'CLOCK P.M.



Authentication: 203461544

Date: 05-18-22

CERTIFICATE OF AMENDMENT

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:16 PM 03/25/2022
FILED 12:16 PM 03/25/2022
SR 20221162956 - File Number 5115046

TO

#### CERTIFICATE OF FORMATION

OF

#### UCOMM, LLC

The undersigned, Authorized Person of UCOMM, LLC (the "Company"), a limited liability company organized and existing under and by virtue of the Delaware Limited Liability Company Act (the "Act"), pursuant to the Section 18-202 of the Act does hereby certify:

- 1. The name of the limited liability company is UCOMM, LLC.
- 2. The Certificate of Formation of the company dated as of February 27, 2012 is hereby amended by deleting Article 1 in its entirety and replacing it with the following new Article:
  - "1. The name of the limited liability company is:

#### "Yugo (USA) LLC"

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to Certificate of Formation as of the date first written above.

Aly El-Bassuni, Authorized Person

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