## P16000027007

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: UBIF 175 CO		
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	ROBERT ARDIZZONE		
		Name of Contact Person	****
	UBIF 175 CO		
	1.	Firm/ Company	
	13720 Biscayne Blvd		
		Address	
	North Miami Beach, FL 3318	31	
		City/ State and Zip Code	
b.ard	izzone@ubreakifix.com		
<del></del>	E-mail address: (to be us	ed for future annual report t	notification)
For further informatio	n concerning this matter, pleas	e call:	
ROBERT ARDIZZONE		at ( 954	189 3881 le & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone N		le & Daytime Telephone Number	
Enclosed is a check fe	r the following amount made [	payable to the Florida Depar	rtment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

7811 JUN 26 PM 3: 11

## Articles of Amendment to Articles of Incorporation of

UBIF 175 CO			
( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	<u></u>
116000027007			20
	(Document Number	of Corporation (if known)	5
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following ame	:ndn
A. If amending name, enter the new n	ame of the corporation:		
N/A		The	ne
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	on," "company," or "incorporated" or the abbrev "Co". A professional corporation name must conta	iatio
B. Enter new principal office address.	if applicable:	13720 Biscayne Blvd	
(Principal office address MUST BE A STREET ADDRESS )		North Miami Beach, FL 33181	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13720 Biscayne Blvd	
(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	························/	North Miami Beach, FL 33181	
			<del></del>
D. If amending the registered agent ar new registered agent and/or the new registered agent and/or the new registered agent and/or the new registered.			
	Robert Ardizzone		
Name of New Registered Agent	13700 Dissession Dissession		
	13720 Biscayne Blvd		
	North Miami Beach	treet address) 33181	
New Registered Office Address:	North Miaini Beach	, Florida	
		(City) (Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	<b>!·</b>	
		with and accept the obligations of the position.	
	Reho-	Can	
<del></del>		Registered Agent, if changing	

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
$\underline{X}$ Remove	<u>V</u> <u>Mil</u>	ce lones	
X Add	<u>SV</u> <u>Sal</u>	l <u>y Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	GINA WETHERILL	200 South Orange Avenue
Add			Orlando, FL 32801
X Remove			
2) X Change	l,	ROBERT ARDIZZONE	13720 Biscayne Blvd
Add			North Miami Beach, FL 33181
Remove			
3.) Change		N/A	
Add			
Remove			·
4) Change		N/A	
Add			
Remove			
5) Change		N/A	_
Add			
Remove			
6) Change		N/A	
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
/A	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
'A	

JUNE 1, 2017	18 oden den de
The date of each amendment(s) adoption:	, if other than the
JUNE 1, 2017 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following smust be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der
Dated6/1/17	
Signature Robert Cont	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	マンカリ
PRESIDENT Tolar College (Title of person signing)	` <u> </u>
(Title of person signing)	