Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

-- Fax Number -- : (850)617-6383

Account Name : KIJOENNA SERVICES INC

Account Number : 120080000033

: (305)644-3055

Fax Number

: (305)644-3052 .

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **UCI44 LLC**

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Page Count		01
Estimated Charge		\$25.00

Corporate Filing Menu

P.O. Box 6327

Tallehassee, FL 32314

COVER LETTER

Division of Corp		••			
UC144 E,LI	LC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.			
	ndence concerning this matter				
	ENNA DIEPPA	· .			
	KRISJOĖNNA@YAHOO.	Name of Person		•	
	2141SW 1ST, SUITE 110	Firm/Company			
		Address			
	MIAMI, FLORIDA 33125		· 	2015	3
		City/State and Zip Code		ZUI9 HAY 13 AM 10: 5	
		to be used for future annual report notification	1) (r	$\frac{1}{\omega}$	FILED
For further information of ENNA DIEPPA	oncerning this matter, please or	786499713205/			
	f Person	at ()	phone Number	57	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	
Regist Divisie	ING ADDRESS: ration Section on of Corporations tox 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UC144, LLC						
(Name of the Limit	ed Llability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.)			
The Articles of Organization for this Limited L. Florida document number L16000208834	iability Compa	ny were filed on <u>05/13/2019</u>)a	and assigned	ì	
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited li	ability company here:				
N/A		· · · · · · · · · · · · · · · · · · ·				
The new name must be distinguishable and contain the w	vords "Limited Li	ability Company," the designation	on "LLC" or the abbrevia	tion "L.L.C."		
Enter new principal offices address, if applic	N/A ·					
(Principal office address MUST BE A STREE	ET ADDRESS)					
Enter new mailing address, if applicable:		N/A	E::	2019 HA	 ,	
(Mailing address MAY BE A POST OFFICE	ROX)					
Mutting dutiress MAT DE A 1 001 Of 11CE ROLL			<u></u>	_ ယ :	<u>ニン</u> 5	
				<u> </u>	_;∪. 	
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address	l office address on our ! here:	records, enter the	5 7	ne ne	
Name of New Registered Agent:	N/A					
New Registered Office Address:		Enser Florida stre	es address		<u>_</u>	
		, Florida				
		City	Z	ip 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 hability 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	PEDERNERA LLC	2141 SW 1 ST SUFTE 110, MIAMI, FORIDA 33135	D Add
			■ Remove
		· ·	☐ Change
MGR	MAIKEL CASAUX LLC	1220 NORTH MARKET ST	🖸 Add
		WILMINGTON DE 19801	■ Remove
	ROBERTO KEKLIHIAN	2141 SW 1 ST SUITE 110	. □ Change
MGR ———	<u> </u>	MIAMI, FLORIDA 33135	= Add
		<u> </u>	Remove
	NAME V POATA	2141 SW 1 ST SUITE 110	Oldange AAY
MGR	NANCY BOADA	MIAMI FLORIDA 33135	
		MIAMI PLOKIDA 33133	Remove
			CT
			☐ Remove
		S. C. C.	☐ Change
			C Remove
			□ Change

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	Signature of a member of	or authorized rep	resentative of a n	nember		
		or printed name of	:			

Page 3 of 3

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