

U60000834

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : KIJOENNA SERVICES INC
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

2019 MAY 20 A 1:56

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

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
UCI44 LLC

Certificate of Status	0
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11:32:13 AM 5/21/2019

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MAY 21 2019

May 20, 2019 2:54PM

KIJOENNA SERVICES

14:44 PM

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No. 2919 P. 2/7



May 20, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

UCI44 LLC
936 NE 191 ST
MIAMI, FL 33179

SUBJECT: UCI44 LLC
REF: L16000208834

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

FAX Aud. #: H19000162063
Letter Number: 419A00010156

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UC144,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:

Enna Dieppa

Name of Person

kijoenna Services, Inc

Firm/Company

2141 sw 1 st suite 110

Address

miami, Fl 33135

City/State and Zip Code

KRISJOENNA@YAHOO.COM

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

2019 MAY 20 A 1:55

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UC144, 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 L16000208834

This amendment is submitted to amend the following:

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

UC144, LLC

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:

2141 SW 1 ST SUITE 110

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33135

Enter new mailing address, if applicable:

2145 SW 1 ST SUITE 110

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33135

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:

SOUCO, JOSE

New Registered Office Address:

936 NE 191 ST

Enter Florida street address

MIAMI

City

Florida 33179

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.

[Handwritten Signature]

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KEKLIHIAN, ROBERTO	2141 SW 1 ST, SUITE 110	<input type="checkbox"/> Add
		MIAMI, FL 33135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEKLIKIAN, ROBERTO	2141 SW 1 ST, SUITE 110	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BOADA, NANCY	2141 SW 1 ST, SUITE 110	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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