Florida Department of State Division of Sornarations Elegronie F

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To:

Division of Corporations

Email Address:

fax Number : (850)617-6383

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033 Phone : (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.

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COVER LETTER

TO:	Registration Se Division of Cor		,	
SUBJE	UC144 LLC	5		
30331	<u></u>	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following;	
		ENNA DIEPPA		
			Name of Person	
		KISJOENNA SERVICES	INC	
			Firm/Company	
		2141 SW 1 ST STE 110		
			Address	
		MIAMI FL 110		
		VIII OF THE COLUMN OF THE COLU	City/State and Zip Code	
		E-mail address: (to be used for future annual report n	Diffication)
For fur	ther information co	oncerning this matter, please of	·	
ENNA	DIEPPA		786499711	32
Name of Person		Area Code Dayo	ime Telephone Number	
Enctos	ed is a check for th	e following amount:		
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassec, F	Section orporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mon	orporations Tallahassee roc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UC144 LLC				
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our rational Limited Liability Company)	ccords.)		
The Articles of Organization for this Limited Liability C Florida document number L16000208834	Company were filed on <u>08/15/23</u>		and assi	gned
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the lim	ited liability company here:			
UCI44 LLC				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LCC" or the	e abbreviation "L.L	.C."
Enter new principal offices address, if applicable:	***			
(Principal office address MUST BE A STREET ADDI	RESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			 	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records,	nter the n	ame of the new	registered
			2023	
Nome of New Projectured Agents			S. S. S.	27
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:	Enter Florida street	1.1		<u>1068</u>
	Enter Pioriaa street	uaar ess	AM 10:	
	Cin	, Florida		 -
Now Bodoward Assess Character State of the S	City		Zip Code	
New Registered Agent's Signature, if changing Registere	en Agenti.			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my duti- gent as provided for in Chapter ed office address, I hereby confi	es, and I a. 605, F.S. (m familiar with Or, if this docum	und nent is
	,			
		4	hallo bil a a a	
	11 Changing Registered Agent, Signs	cure of fiew	Registered Agent	

□Change

lf amending or removed	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, and	address of each person being add
MGR = M AMBR = A	lanager uthorized Member		
Title	Name	Address	Type of Action
		***	□Add
			☐ Remove
			□ Change
	·····		□Add
			□ Remove
			☐ Change
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D. If amer	ding any other information, enter change(s) here: (Attach additional sheets	if necessary)
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	e date. If other than the date of filling: 08/17/23	
(If an effect Note: 1	tive date, if other than the date of filling: US/17/20 tive date is listed, the date must be specific and cannot be prior to date of filling or more than 90 of the date inserted in this block does not meet the applicable statutory filling requirement's effective date on the Department of State's records.	(optional), lays after filing.) Pursuant to 605.0207 (3)(5) onts, this date will not be listed as the
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	cr of: (b) The 90th day after the
Dated _	08/17/23	
	Pedernera LLC MANCY BO Signature of a member or authorized representative of a member	ADA
	PEDERNERA LLC	·

Typed or printed name of signee