

L08000094880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

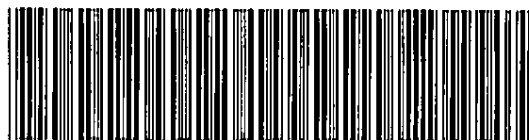
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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
OCT 06 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIESMAR 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:

JAIME ALBERTO ESTELA

Name of Person

UNIESMAR LLC

Firm/Company

5009 GADSEN DRIVE

Address

FAIRFAX, VA, 22032

City/State and Zip Code
jaestela@yahoo.com

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

For further information concerning this matter, please call:

JAIME ALBERTO ESTELA

Name of Person

at (407)

Area Code

575 - 0646

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

UNIESMAR 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 OCTOBER 7/ 2008 and assigned
Florida document number L008000094880

This amendment is submitted to amend the following:

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

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:

5009 GADSEN DRIVE FAIRFAX, VA, 22032

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

JAIME ALBERTO ESTELA

New Registered Office Address:

ONE LAS OLAS CIRCLE APT 606

Enter Florida street address

FT LAUDERDALE

Florida

22032

City

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.

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	LUIS FERNANDO ESTELA	ONE LAS OLAS CIRCLE APT 606	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN SEBASTIAN ESTELA	ONE LAS OLAS CIRCLE APT 606	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAIME ALBERTO ESTELA	ONE LAS OLAS CIRCLE APT 606	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEJANDRA ESTELA	ONE LAS OLAS CIRCLE APT 606	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

No other documents are being amended. The new legal representative has been assigned by an internal act agreement signed on the 6th of February of 2020 by all members of this LLC.

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TALLAHASSEE, FL

FILED

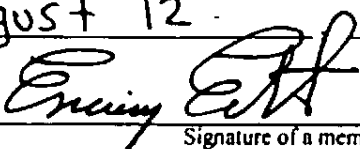
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 12 2020.



Signature of a member or authorized representative of a member

ENRIQUE ESTELA M

Typed or printed name of signee