1300037261

(Re	questor's Name)	,
(Ad	dress)	
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04/12/13-01015-013 **30.00

COVER LETTER

TO; Registration Section
Division of Corporations

SUBJECT: <u>UAGE EUTERPRISES</u>, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kosa Hida Sagnas

Firm Company

10773 NW 5845+ # 225

Doral, the 33178

Th Salinas 64@hotmail com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Hiden Salinas Name of Person

at (786, 357, 8790)

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Certificate of Status

D\$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

(Name of the Limited Liability Co	MISES LC empany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on March 12 20/3 and assigned
Florida document number <u>L1300003726</u>	
This amendment is submitted to amend the following:	To the second se
A. If amending name, enter the new name of the limited	l liability company here:
"L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>
Enter new mailing address, if applicable:	***************************************
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
National Association (National Association (Nationa) (National Association (Nationa) (Nationa) (National Association (Nationa) (City Zip Code
New Registered Agent's Signature, if changing Registered A	gent:

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ruben A. Gonzalez	Troncoso #16 Tome	Add
		La Marg. VI Apt 9	
	_	Paraiso, SD 10802 R	D
MGRU	Ruben A. Gonzalez	Troncoso # 16 Torre	(Add
		La Morg. VI Apt 9	Remove
		Para: so, so 10802 RO	<u>) </u>
			Add
			Remove
			<u> </u>
			Add
			Remove
			Add
			Remove
			·
			Add
			Remove

D. Ham	nending any other information, enter change(s) here: (Attach additional sheets, if necessary:)
	Add EIN: 46-23/1997
	A
Dated	<u>NOXI 10 2013</u>
	V 41
	Signature of member or authorized representative of a member
	1 Rosa Hida Salinas
	Typed or printed name of signee
	, , , , , , , , , , , , , , , , , , , ,
	Page 3 of 3
	Filing Fee: \$25.00