

613000078662

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : KRISJOENNA SERVICES, INC
Account Number : 1200800000033
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UCI44, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UCI44, 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 SERVICE INC

Firm/Company

2141 SW 1ST STE 110

Address

MIAMI, FL 33135

City/State and Zip Code

KJESERVICES@YAHOO.COM

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

For further information concerning this matter, please call:

ENNA DIEPPA

Name of Person

at (305) 6443055

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 &
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(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

UCI44, 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 05/30/2013 and assigned
Florida document number L13000078662

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(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: _____

New Registered Office Address: _____

Enter Florida street address

, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agents

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	BOADA, NANCY	936 NE 191 ST MIAMI, FL 33179	☐ Add ☒ Remove
MGR	KEKLIKIAN, ROBERTO	936 NE 191 ST MIAMI, FL 33179	☐ Add ☒ Remove
MGR	SAUCO, JOSE	936 NE 191 ST MIAMI, FL 33179	☐ Add ☒ Remove
MGR	PEDERNERA, LLC	936 NE 191 ST MIAMI, FL 33179	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

Jose Saucó
Signature of a member or authorized representative of a member
JOSE SAUCO
Typed or printed name of signee

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