## L13000 1363601

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer; |
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## **COVER LETTER**

|               | gistration Se<br>vision of Cor    |   |   |  |  |  |
|---------------|-----------------------------------|---|---|--|--|--|
| cupicar       |                                   | ng USA LLC                                      |   |  |  |  |
| SUBJECT:      | Name of Limited Liability Company |   |   |  |  |  |
| The enclosed  | d Articles of                     | Amendment and fee(s) are sub-                   | mitted for filing.  |  |  |  |
| Please return | ı all correspo                    | ndence concerning this matter                   | to the following:   |  |  |  |
|               |                                   | ROBERTO TOMAS SEBO                              | ЭК  |  |  |  |
|               |                                   |   | Name of Person  |  |  |  |
|               |                                   | Uniconsulting USA LLC                           |   |  |  |  |
|               |                                   |   | Firm/Company  |  |  |  |
|               |                                   | 1517 SW 20th Way                                |   |  |  |  |
|               |                                   |   | Address   |  |  |  |
|               |                                   | Deerfield Beach, FL, 3344                       | 2   |  |  |  |
|               |                                   | City/State and Zip Code                         |   |  |  |  |
|               |                                   | contact@aprilfl.com                             | to be used for future annual report not                             | (Testion)  |  |  |
| For further i | nformation c                      | oncerning this matter, please co                | ·   | neuwa,   |  |  |
| Leticia Zam   | ibra                              |   | 754 312-5730<br>at ()   |  |  |  |
|               | Name o                            | f Person  | Area Code Daytin  | ne Telephone Number  |  |  |
| Enclosed is   | a check for th                    | ne following amount:                            |   |  |  |  |
| \$25,001      | Filing Fec                        | ☐ \$30.00 Filing Fee &<br>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

FILED

Uniconsulting USA LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on O9/26/2013 St. John Lord Table assigned TALLAHASSEE, FLORIDA

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 "L.C." or the abbreviation "L.C."

Enter new principal offices address, if applicable: 1517 SW 20th Way, Decrfield Beach, FL 33442

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1517 SW 20th Way, Decrfield Beach, FL 33442

(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:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

1517 SW 20th Way

Deerfield Beach

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33442 Zip Code 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> | Address      | Type of Action |
|--------------|-------------|--------------|----------------|
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| E. Effec | 1/01/2019<br>tive date, if other than the date of filing: (optional)   |
| Note:    | tive date, if other than the date of filing:  [coptional]  Tective 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).  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
|          | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.   |
| Dated    | 14 day of March. 2019.   |
|          | Signature of a member or mathorized representative of a member   |
|          | PORERTO TOMAS SEROK  |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee