

L14000054073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

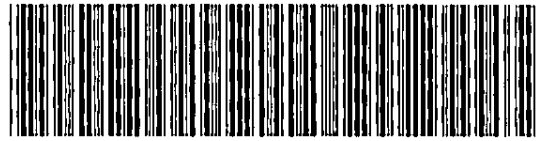
(Business Entity Name)

(Document Number)

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2018 OCT 17 PM 3:34
TALIAFERRO
DEPARTMENT OF STATE

2018 OCT 17 AM 10:58

PRICE
OCT 27 2018



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA CASITA AMARILLA 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:

JUANCARLOS CORREA

Name of Person

Firm/Company

1450 GULF TO BAY BLVD

Address

CLEARWATER, FL 33755

City/State and Zip Code

UNEAMERICA2014@YAHOO.COM

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

2010 OCT 17 PM 3:04
STATE OF FLORIDA
TALLAHASSEE

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For further information concerning this matter, please call:

JUANCARLOS at (727) 6572413
Name of Person 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 & 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**

LA CASITA AMARILLA 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 04/02/2014 and assigned Florida document number LI4000054073.

This amendment is submitted to amend the following:

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

UNEAMERICA MULTI - SERVICES LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2014 OCT 17 PM 9:04
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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 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

...removing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

GR = Manager

ABR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

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OCT 17 2011
9:18 AM
SOUTH FLORIDA
DEPARTMENT OF
TRANSPORTATION
TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

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2018 OCT 17 PM 3:04
STATE DEPT OF STATE
TALLAHASSEE FL 09107A

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 OCTOBER 14

2018

Signature of a member or authorized representative of a member

JUAN CARLOS CORREA

Typed or printed name of signee