## L15000005919

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
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## **COVER LETTER**

TO: R	legistration Se Division of Cor	ection porations		
SUBJECT	UNO ASSI	ET & PROGRAM MANAGEN	MENT, LLC	
SOMEC!	·	Name of Lin	nited Liability Company	<del>-</del>
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		RALPH EMMANUELLI		
			Name of Person	<del></del>
		UNO ASSET & PROJECT	「MANAGEMENT, LLC	
			Firm/Company	<del></del>
		1710 DREW ST, SUITE 4		
			Address	<del></del>
		CLEARWATER, FL 3375	5	
		ALEX@UNOFEDERATIO	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	ication)
For further	information co	oncerning this matter, please ca	all:	
RALPH E	MMANUELLI		727 230-6011	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e 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

UNO ASET & PROJECT MANAGEMENT, LLC

2019 ACR 19 PH 12: 36

(Name of the Limited)	d Liability Company as it now appears on our re A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number L15000005819	ibility Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		<u>-</u>
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o	r registered office address on our rec	ands antar the name of the new
registered agent and/or the new registered offi	ice address here:	ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, 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 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> WILLIAM SANCHEZ	Address 1710 DREW ST. SUITE 4	Type of Action
MGR		CLEARWATER, FL 33755	<b>\</b> Add
			Remove
			Change
			Remove
		<del>-</del>	Change
			Add
			Remove
			Change
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Effective date, if other than (	the date of fili	ng:			optional)	
f an effective date is listed, the date <b>Note:</b> If the date inserted in this document's effective date on the	must be specific a s block does not	nd cannot be prior meet the applic	able statutory fil	more than 90 day	s after filing ) Pursua	nt to 605.020 t be listed as
ne record specifies a delay The 90th day after the r	yed effective record is filed	date, but no d.	t an effective	: time, at 12:	01 a.m. on the	e earlier o
Dated APRIL 16		2019				
Me	/3					
			orized representati			

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Typed or printed name of signee

Filing Fee: \$25.00