

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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

From:
 Account Name : KIJONNA SERVICES INC
 Account Number : I20080000033
 Phone : (305)644-3055
 Fax Number : (305)644-3052

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNITED MANAGEMENT PROPERTIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

2022 AUG -9 PM 4:12

FILED
 2022 AUG -9 PM 5:02
 TALLAHASSEE, FLORIDA

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T. LEMIEUX

AUG 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED MANAGEMENT PROPERTIES 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
KIJJOENNA SERVICES INC
Firm/Company
2141 SW 1 ST STE 110
Address
MIAMI FL 33135
City/State and Zip Code
KRISJOENNA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENNA DIEPPA at () 7864997132
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

UNITED MANAGEMENT PROPERTIES, 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 08/09/2022 and assigned
Florida document number L15000058865.

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 "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: _____

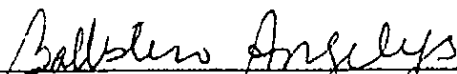
(Mailing address MAY BE A POST OFFICE BOX) _____

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:

<u>Name of New Registered Agent:</u>	BALLESTEROS ANGELYS	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">FILED 2022 AUG - 9 PM 02 CLERK OF COURT JULIA A. BROWN CLERK</div>
<u>New Registered Office Address:</u>	6801 NW ND AVE	
	<small>Enter Florida street address</small>	
	MIAMI	
	<small>City</small>	
	Florida	
	<small>State</small>	
	33166	
	<small>Zip Code</small>	

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

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ZIEGLER YESENIA	6801 NW 82 ND AVE	<input type="checkbox"/> Add
		MIAMI FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BALLESTEROS ANGELYS	6801 NW ND AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1

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)

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.

Angelys Ballistero
Signature of a member or authorized representative

ANGELY'S BALLESTEROS

Typed or printed name of signer

Aug-09.2022 04:07 PM K1Joenna Services