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COVER LETTER

TO:	Registration So Division of Cor	ection porations		·
CIID IE	UVALDO	ENTERPRISES, LLC.		
SUBJEC	<u>-</u>	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ANDREA FERREIRA		
			Name of Person	
		ASSURED ACCOUNTIN	IG AND TAX SERVICES	
		**************************************	Firm/Company	
		3350 NW 22nd Terrace Su	uite 200-B	
			Address	·
		POMPANO BEACH, FL	33069	
			City/State and Zip Code	
-		ASSUREDTAX.ANDREA		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
ANDRE	A FERREIRA		954 793-0353 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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

UVALDO ENTERPRISES, LLC.		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on APRIL 25, 2016	and assigned
Florida document number L16000081161	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
UVALDO & SANTOS ENTERPRISES, LLC.		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		SI SE TI
Principal office address MUST BE A STREET ADD	RESS)	FILED SEP 21 AM 8: 48 ISION OF CORPORATION
Enter new mailing address, if applicable:		8. #8
Mailing address MAY BE A POST OFFICE BOX)		···
3. If amending the registered agent and/or reging states and and/or the new registered office address.	stered office address on our records, <u>ent</u> <u>dress here</u> :	er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	B. El	
	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

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> Name **Address Type of Action** _□ Add ☐ Remove ☐ Change □ Add Olvision of Consoliations

Olivision of Consoliations Remove ☐ Change ☐ Add ☐ Remove _ Change _ Add □ Remove □ Change □ Add □ Remove ☐ Change

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