

L16000160469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

NOV 09 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Federal Loan Aid Solutions, 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:

Zashari Brainin
Name of Person

Federal Loan Aid Solutions, LLC
Firm/Company

4785 SW 62nd Ave Apt 103
Address

Davie, FL 33314
City/State and Zip Code

Zashari.brainin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zashari Brainin at (954) 998-9665
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Federal Loan Aid Solutions, 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 08/26/2016 and assigned Florida document number LC000160469.

This amendment is submitted to amend the following:

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

U Connect, 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)

1900 W. University Dr.
Ste 107
Pembroke Pines, FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1900 W. University Dr.
Ste 107
Pembroke Pines, FL 33024

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:

Zashari Brainin

New Registered Office Address:

1900 W. University Dr. Ste 107

Enter Florida street address

Pembroke Pines

City

Florida

33024

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.

Zashari Brainin
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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>
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AMBR	Jorge Amador	1900 N University Dr.	<input type="checkbox"/> Add
		STE 107	<input type="checkbox"/> Remove
		Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Change

MGR	Yvan Canecharles	1900 N University Dr.	<input type="checkbox"/> Add
		STE 107	<input type="checkbox"/> Remove
		Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Change

MGR	Zashari Brainin	3350 SW 148th Ave	<input type="checkbox"/> Add
		Suite 110	<input checked="" type="checkbox"/> Remove
		Miramar, FL 33027	<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

[illegible]

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.

Dated November 01, 2017.

Signature of a member or authorized representative of a member

Zashuri Brainin -Castro
Typed or printed name of signee

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TALLAHASSEE, FLORIDA