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TO: Registration Section

CR2E079 (2/14)

Division of Corporations
SUBJECT: UBA INTERNACIONAL, LLC. (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JOSE 6. GUARISMA (Contact Person)
UBA JUTERNACIONAL, LLC. (Firm/Company)
10422 NW 3157 TERRACE (Address)
Doral, F1 3347Z (City/State and Zip Code)
For further information concerning this matter, please call:
JOSE G. 6UARISMA at (786) 253-2160 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum{\$\text{\subset}\$}\$\$ \$\sum{\$\text{\subset}\$}\$\$ \$\sum{\$\text{\subset}\$}\$\$ \$\sum{\$\text{\subset}\$}\$\$ \$\sum{\$\text{\subset}\$}\$\$ \$\sum{\subset}\$\$\$ \$\sum{\$\text{\subset}\$}\$\$ \$\sum{\subset}\$\$\$ \$\sum{\subset}\$\$\$\$ \$\sum{\subset}\$\$\$ \$\sum{\subset}\$\$\$\$ \$\sum{\subset}\$\$\$\$ \$\sum{\subset}\$\$\$\$ \$\sum{\subset}\$\$\$\$ \$\sum{\subset}\$\$\$\$ \$\sum{\subset}\$\$\$\$ \$\sum{\subset}\$\$\$\$ \$\sum{\subset}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$ \$\sum{\subset}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UBA INTE	ERNACIONAL, LLC.
	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing LISOOOI59740	any were filed on $06/29/20(8)$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
The new name must be distinguishable and contain the words "Limited L.	iability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10422 NW 31st TERRACE Donal, F1 33172
(Principal office address MUST BE A STREET ADDRESS	Doral F1 33172
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10422 NW 3154 TERRACE DORAL, FI 33172
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have been addressed agent.	office address on our records, enter the name of the new here:
Name of New Registered Agent:	E G. GUARISMA, SR. 55 57
New Registered Office Address: 104	Ener Florida street address
<i>D</i> ox	the state of the s
New Registered Agent's Signature, if changing Registered Age	> · (4)
provisions of all statutes relative to the proper and compl	as provided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	JOSE G. GUARISMA, SR.	10422 NW 3154 TERRACE	Add
		Dead, F1 33172	Remove
			Change
H6R	ENILDA J MONTERO	11500 NW 67th Terrace	□ ∧dd
		DOTAL F1 33178	Remove
			Change
			🗆 Add
		<u> </u>	Add Refflore Refflore
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