118000251975

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2018 DEC -6 PH 2: 05
SECRETARY OF STATE
TALLAHASSEF

17/18

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Uinna Home + Kitchew</u> , 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:
Augela Husteel Name of Person
Uina Home + Kitchen, LLC
673 NW 170th Ter
Pembroke City/State and Zin Code
E-mail address: (to be used for future annual report northication)
For further information concerning this matter, please call:
Augelo Husteel at (954) 546-2034 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 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

FILED 2018 DEC -6 PM 2: 05

(Name of the Limited Li	iability Compan	2. ACNCN v as it now appears on o ability Company)	DECRETAR)	OF STATE
The Articles of Organization for this Limited Liability Florida document number 1180002516		were filed on Ock	sber 26, 2018	and assigned
This amendment is submitted to amend the following	រត:			
A. If amending name, enter the new name of the	limited liabil	ity company here:		
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the designa	ation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable	: :			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>K)</u>			
B. If amending the registered agent and/or r registered agent and/or the new registered office			records, enter the	name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida sti	eet address	
-		City	Florida	p Code
New Registered Agent's Signature if changing Regis	tered 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = AMBR =	Manager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
4MBR	Roberto Rod	lriguez Pance	deteon	
				Remove
			673 Nw 170th Tears	rce, Perfork Pinox Change FL, 8028
				☐ Remove
				Change
				Remove
				□ Change
				□ Remove
				☐ Change
			·	□ Add
				□ Remove
				□ Change
				☐ Remove
				□ Change

	Please update last name for Roberto Rodicional sheets, if necessary.)	guc
<u>.</u>	Place update lost name for Roberto Rodri Roberto Rodriquez Ponce de Leon.	U
_		
_		
_		
	 	
_		
If an effection Note: If	ate, if other than the date of filing:	3)(b) he
he reco The 9	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: n day after the record is filed.	
Dated	December 3rd. 2018.	
	Oncolo 11 to	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00