1190000 49272

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COVER LETTER

SUBJECT: UCS GLOBAL REALTY LLC Name of Limited Liability Company							
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:							
RAFAEL MARTORELL JR							
JCS GLOBAL REALTY LLC Firm/Company							
2457 COLCINS ave #702							
Miami Beach FL 33140 City/State and Zip Code							
Sueller martorell roch & gmail. Com E-mail address: (to be used for tuture annual report notification)							
For further information concerning this matter, please call:							
SURLLEN ROCKA at (305) 331-536 Daytime Telephone Number							
Enclosed is a check for the following amount:							
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)							

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) Florida document number <u>L 190000</u> 49272 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: Suellen C Rocha

2457 Collins Ave AP+: 702

Enter Florida street address

Migmi Beach Florida 33140

City Zip Code Name of New Registered Agent: New Registered Office Address:

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. λ λ λ

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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	RAFAEL MARHUREL	L JR 2457 COLLINS AVE	Add
		Apt: 702	X Remove
		Miami Beach FL 33540	Change
MOR	Suellen C Rocha	2457 COLLINS AVE	X Add
		AP+: 702	Remove
		Miami Beach FL 33140	Change
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
		·	Change
			□ Remove
			Change

If amending	any other informati	on, enter change	e(s) here: (Atta	ch additional sheel	ts, if necessary.)	
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(If an effective d Note: If the	te, if other than the date is listed, the date must date inserted in this blo effective date on the De	be specific and cannock does not meet to	he applicable stat	filing or more than 90 utory filing requirer	(optional) days after filing.) Pursuments, this date will no	ant to 605.0207 (3)(but to fisted as the
) The 90th	specifies a delayed day after the reco	ord is filed.		fective time, at	12:01 a.m. on th	e earlier of:
Dated O	5-06-20 PN	219				
	/ XN	Signature of a memb	er or authorized rep	resentative of a memb	per	
_	RAFAEL	MAR	HORELL ed or printed name of	JR of signee		

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Filing Fee: \$25.00