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(R	Requestor's Name)	
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COVER LETTER

SUBJECT:	UNION EN	TERPRISE MEGA CENTER	LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		RENALD CHERY		
		UNION ENTERPRISE MI	Name of Person EGA CENTER LLC	
		790 NE 155TH STREET	Firm:Company	
		MIAMI FLORIDA 33162	Address	
		uemerenald@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please co	all:	
RENALD C	HERY		786 357-9565 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section Division of Corporations

> 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 Lia (A Flo	bility Company rida Limited Liab	as it now appears on our recor ility Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	y Company we	re filed on 04/05/2019	and assigned
Florida document number L19000096600	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liabilit	y company here:	
JNION ENTERPRISE MEGA CENTER LLC			
The new name must be distinguishable and contain the words "I	Limited Liability	Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7	90 NE 155TH STREET	AP TO
Principal office address MUST BE A STREET AD	DRESS)	MAMI FLORIDA	22 <u>1</u>
		3162	<u> </u>
Enter new mailing address, if applicable:		AME AS THE ABOVE	or STATE
Mailing address MAY BE A POST OFFICE BOX)		-	>
s. If amending the registered agent and/or registered agent and/or the new registered office ac		e address on our record	ls, enter the name of th
Name of New Registered Agent: N/A	A		
New Registered Office Address: N/A	Λ		
-		Enter Florida street addre	255
			lorida
		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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	NASSER CHERY	16040 NW 39 CT OPA LOCKA, FL 33054	
			Add
			■ Remove
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Tective date, if other than the n effective date is listed, the date must	date of filing:	·	o or more than 90 days	optional)	1201 to 605 02
te: If the date inserted in this blo cument's effective date on the De	ock does not meet the app	dicable statutory	filing requirements	s, this date will n	ot be listed :
record specifies a delayed he 90th day after the reco	effective date, but ord is filed.	not an effect	ive time, at 12:	01 a.m. on th	ne earlier
APRIL 2	2013 Chery Signature of a member fra				
ted					

Page 3 of 3

Filing Fee: \$25.00