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## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	JULIAN U,			
			ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Julian R Ubico		
			Name of Person	
		JULIAN U. LLC		
Firm/Company				
		2630 SW 79 AVE		
			Address	<del></del>
		Miami, FL 33155		
		Julianubico@gmail.com	City/State and Zip Code	
		E-mail address: (I	to be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Julian R Ubi	co		305 898-8892 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling Fee	☐ S30.00 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:

Registration Section

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

JULIAN U. LLC
(Name of the Limited Liability Company a

(Name of the Limit	ed Liability Company as it n (A Florida Limited Liability C	ow appears on our record ompany)	<u>s.</u> )
			5/20/2019
The Articles of Organization for this Limited Li	ability Company were fil	ed on <u>June 25th, 2019</u>	and assigned
Florida document number L19000134651	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability con	ipany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Compa	any," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:		_
(Principal office address MUST BE A STREE			55.
			٤ 11
	<del>-</del>		28
Enter new mailing address if annihables			
Enter new mailing address, if applicable:			2 3
(Mailing address MAY BE A POST OFFICE I	<u></u>		<u>)                                    </u>
	<del></del>		<u> </u>
B. If amending the registered agent and/o	or registered office add	dress on our records	, enter the name of the ne
registered agent and/or the new registered of	ice address here:		
Name of New Registered Agent:	Vernon Ubico	<del></del>	
New Registered Office Address:			
		Enter Florida street address	
		Flo	rida
	City	, 110	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in the company has been notified in the company has been notified in the company has been	r and complete perform tered agent as provided egistered office address	ance of my duties, and for in Chooter 605, F	d I am familiar with and F.S. Or, if this document is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Vernon Ubico	2630 SW 79 Ave Miami, FL 33155	Add
			□ Remove
			Change
			DAdd
		<del></del>	□ Remove
			□ Change
			Add
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			Change
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neffective date is listed, the date mater.  If the date inserted in this	ne date of filing:  must be specific and cannot be prior to day block does not meet the applicable: Department of State's records.	(optional te of filing or more than 90 days after filing statutory filing requirements, this days	ng.) Pursuant to 605,020
record specifies a delay he 90th day after the re	ed effective date, but not an ecord is filed.	effective time, at 12:01 a.m	ı. on the earlier
June 25th	2019		
5.1	rian Uhicc,	representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00