LZO 000079117

(Requestor's Name)
(Nequestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediations to 1 ming amount
•

Office Use Only



700352227707

09/21/20--01021--024 **25.00 *

2020 SEP 21 MM11: 42

OUT 28 TUIL

COVER LETTER

TO:	Registration Sec Division of Corp			*			
SUBJE	AQUAIS	SAM LLC					
3000		Name of Lim	ited Liability Company				
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
			ARIADNA OJEDA				
			Name of Person				
			AYUDA CENTER				
		-	Firm/Company				
			8230 CORAL WAY				
			Address				
			MIAMI FL 33155				
			City/State and Zip Code		6 3	2	
			jeda@ayudacenter.com to be used for future annual report no	titiontion)	5 10	020	
For fur	ther information co	oncerning this matter, please c		ancationy		SEP 2	•
	ARIADNA (OJEDA	305 971-5232			- A	
	Name of	Person		ne Telephone Number		2020 SEP 21 AM 11: 42	` A
Enclose	ed is a check for th	e following amount:					
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status & py		

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

·	UAISAM LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears (Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Co	ompany were filed on	03/11/2020	and as	signed	
Florida document number L20000079117					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company here	2:			
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the desi	gnation "LLC" or the a	bbreviation "l	L.C."	_
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADDR	ESS)				
				-2	<u> </u>
Enter new mailing address, if applicable:			1 1 1 1 1 1 1 1 1 1	1020 S	~
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	_rzz	
				7779	<u> ;</u>
B. If amending the registered agent and/or regist	ered office address on o	ur rocorde antar	the name	of the	بديد انها
registered agent and/or the new registered office addr		ui records, <u>enter</u>	the name	or-ine N>	110
Name of New Registered Agent:					
					_
New Registered Office Address:	Enter Florida	street address			_
		, Florida			
	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>	Address	Type of Action
MGR	PEREZ JARAMILLO, ANDRES	8230 CORAL WAY	
		MIAMI, FL 33155	■ Remove
			□ Change
			□ Add
			☐ Remove
			□ Change
			Add
			Remove
			Change Change Control
			Remove
			Change
			☐ Add
			□ Change
			Remove
			Change

· · · · · · · · · · · · · · · · · · ·	
	
······································	·····
	2020 Tp
	>
	- For the state of the state o
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier ϵ
Dated Total 2020.	
	ative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00