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(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
rtified Copies	Certificates	of Status
	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	UBEA GL	OBAL LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		EMIRO ANTONIO URDA	ANETA BATISTA	
			Name of Person	
		UBEA GLOBAL LLC		
			Firm/Company	
		206 SW 6TH AVE		
		 ·	Address	
		APT 2		
			City/State and Zip Code	
		MIAMI, FL 33130		
		E-mail address: (to be used for future annual report notif	lication)
For further in	iformation c	oncerning this matter, please e	all:	
EMIRO AN	TONIO URI	DANETA BATISTA	305 3059965	
Name of Person		f Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing 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)
Reg Div P.C	iling Addressistration Strision of C D. Box 632 lahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

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)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{04/17/2020}{}$ and assolved document number $\frac{L20000105581}{}$.	signed
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.	L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our records, enter the name of the new	v regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address: Enter Florida street address	
. Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
AMBR	ZORAIDA BATISTA	206 SW 6TH AVE APT 2, MIAMI FL 33130	
			□Remove
			□Change
	<u></u>		🗀 Add
			□Remove
			□Change
			🗀 Add
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in effective ote: If the		ate must be specifi this block does	ic and cannot be not meet the ap	plicable statute) 3.) Pursuant to 605.020 will not be listed as
ecord species filed.	ifies a delayed ef	ffective date, bu	t not an effecti	ve time, at 12:0	I a.m. on the ea	rlier of: (b) T	he 90th day after the
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eted FEBI			of a member or	authorized repres	entative of a mem		

Filing Fee: \$25.00