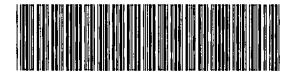
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SINGLE TALLY OF CORPORATIONS
22 APR 12 AM 9: 18

T. MATTHEWS MAY 0 2 2022

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	United Com	pany and Services LLC		
SOUDE I.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Javier E Garavito		
			Name of Person	
		United Company and Servi	ces LLC	
			Firm/Company	
		1601 N Palm Ave ,suite 30	0B	
			Address	······································
		Pembroke Pines, FL, 3302	5	
			City/State and Zip Code	
		business@cyaasesoresusa.co		
		E-mail address: (to be used for future annual report noti	fication)
For further in	formation co	oncerning this matter, please ca	all:	
Joaquin Sern	a		904 3250399 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fec	☐ \$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)
	ling Address		Street Address: Registration Sec	ction
_	•	orporations	Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR 12 AM 9: 18

United Company and Services LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our r d Liability Company)	ecords.)
-	ny were filed on March 02, 2	022 and assigned
This amendment is submitted to amend the following:		
(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 March 02, 2022 and assigned Florida document number L22000108296 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 "LLC." 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 Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	e address on our records, <u>e</u>	nter the name of the new register
gent and of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	address
	City [,]	_, 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: | FILED | SECRETARY OF STATE | DIVISION OF CORPORATIONS

MGR = Manager AMBR = Authorized Member

22 APR 12 AM 9: 18

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joaquin Serna Salazar	2900 NW 130th Ave, Sunrise,FL,33323	
			Remove
			□ Change
CEO	Joaquin Sema Salazar		
		2900 NW 130th Ave, Sunrise,FL,33323	Remove
			□ Change
			□Add
			🗆 Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove
			Change

). If amending any other informat	ion, enter change(s) here: (Attach additional state of necessary).	
	22 APR 12 AM 9: 18	
		
		
		
Effective date, if other than the	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not b	to 603.0207 (3)(to colors the
he record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
Dated April the 5th		
-	Joaquin Serna 5. Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	_
Joaquin Serna Salazar		
	Typed or printed name of signee	_