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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations		
endieze.	UALLY B	USINESS 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	ondence concerning this matter	to the following:	
		JHOAN LANDAEZ		
			Name of Person	
		UALLY BUSINESS LLC		
			Firm/Company	
		4586 EAGLET LN		
			Address	41144
		KISSIMMEE, FL 34746		
			City/State and Zip Code	
		INFO@UALLYBUSINES:	S.COM to be used for future annual	report notification)
For further in	nformation c	concerning this matter, please ca		•
JHOAN LA	NDAEZ			9 ()1()4
Name of Person		Area Code	Daytime Telephone Number	
Enclosed is a	check for t	he following amount:		
≡ \$25.00 F		☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee Certified Copy (additional copy is end	Certificate of Status &
Res	iling Addreg gistration b	-	_	ddress: ation Section n of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UALLY BUSINESS LLC (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 $\frac{01/10/2023}{1}$ Florida document number <u>L23000021556</u> 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

If amending Authorszed 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
MGR	CAIPA MUĂTOZ. JHON J	4586 EAGLET LN, KISSIMMEE, FL 34746	□Add
			= Remove
			□Change
MGR	CAIPA MUNOZ, JHON J	4586 EAGLET LN, KISSIMMEE, FL 34746	≡ Add
			□Kemove
			☐ Change
MGR	RODRIGUEZ PINEDA, MARIO I	4586 EAGLET LN, KISSIMMEE, FL 34746	□Add
			■Remove
			☐ Change
			□Add
			□Remove
			□ Change
			🗆 Add
		=10.12.mv -v	□Remove
			□Change
			🗀 Add
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record spec Lis filed.	ifies a delayed e	effective date, b	ut not an effec	ctive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day aft	er the
May)1		2023					
Pated	(I mil	\times				

Filing Fee: \$25.00