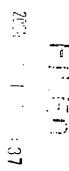
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(Re	equestor's Name)
(Ad	dress)
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	
	Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amendment ar	id fee(s) are submitted for filing.
Please return all correspondence concer-	ning this matter to the following:
	Dubiaska Waco Name of Person
	Dubiaska Ulaco Name of Person Dubiaska Ulaco LLC Firm/Company
	5487 NW 186 57 Address
	Miami Goidens +1 33055 City/State and Zip Code Ubiaskaulaulaula holma: Lom E-mail address: (to be used for future annual report notification)
For further information concerning this	
Name of Person	at (786) 328 858/ Area Code Daytime Telephone Number
Enclosed is a check for the following ar	nount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dubicska	Ulocio LLC	
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con Florida document number 12400007756	npany were filed on01 =	OI - 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1122 202
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	* [
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3 3
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records,	enter the name of the new registered
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street	
	nnier r iorida street	
· ·	City	, Florida 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 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.	Dubraska Ulacio	5487 NW 1865 Mitomi Gordens F1 33055	
			□Remove
			□Change
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff <u>lote:</u>	ive date, if other than the date of filing: 02-15-2024. (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	02-15, 2014.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee



May 1, 2024

DUBRASJA ULOOOO 5487 NW 186ST MIAMI GARDENS, FL 33055

SUBJECT: DUBRASKA ULACIO LLC

Ref. Number: L24000007756

We have received your document for DUBRASKA ULACIO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You do not have a title for your officer.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 324A00009369