

L24000041859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

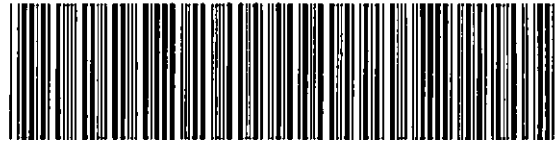
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UI Strategies LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jana Glover

Name of Person

UI Strategies LLC

Firm/Company

517 Hunting Hills Dr

Address

Shelbyville, KY 40065

City/State and Zip Code

jana@calluis.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Green

502

370-6511

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

UI Strategies 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 January 22, 2024 and assigned
Florida document number L24000041859.

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 "L.L.C."

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)

Jana Glover/UI Strategies LLC

517 Hunting Hills Dr

Shelbyville KY 40065

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:

Traci B Langley

New Registered Office Address:

4393 Ramblewood N

Enter Florida street address

Mulberry

Florida

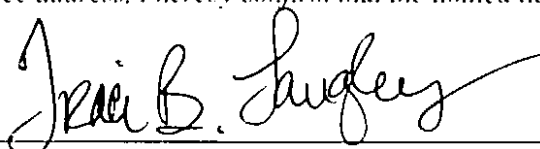
33860

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jana Glover	517 Hunting Hills Dr.	<input checked="" type="checkbox"/> Add
		Shelbyville, KY 40065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kimberly Green	22 Beverly Hills Blvd	<input checked="" type="checkbox"/> Add
		Beverly Hills, FL 34465	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kimberly Green	22 Beverly Hills Blvd	<input type="checkbox"/> Add
		Beverly Hills, FL 34465	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The purpose of the LLC is unemployment insurance consulting and representation services.

[illegible]

E. Effective date, if other than the date of filing: February 14, 2024 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 30, 2024

Kimberly Green
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Kimberly Green

Typed or printed name of signee

Filing Fee: \$25.00