L24000376634

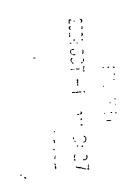
(Requesto	r's Name)
(Address)	
(Address)	 -
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies C	Certificates of Status
Special Instructions to Filing C	Officer.





500436195975







September 13, 2024

YUNIEL GIL YUNITED HIRE LLC 2162 SW 98TH PL MIAMI, FL 33165

SUBJECT: YUNITED HIRE LLC Ref. Number: L24000376634



Letter Number: 024A00020540

We have received your document for YUNITED HIRE LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6000.

RUSSELL L HUNT Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
CHDIECT.	Yun	ted thre LLC	
SUBJECT:	•	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Yur	Name of Person	
	Yur	Name of Person nited Hire LLC Firm/Company	
		98th pl	
		Address Liami F 33 L65 City/State and Zip Code	
	Yunitedhir E-mail address: (e IIC Ognail - com to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
Yunis	el Gil	at (<u>786</u>) <u>719</u> -	1087
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	-	The Centre of	-
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yunited Hire LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	low appears on our records.) Tompany)
The Articles of Organization for this Limited Liability Company were fil	led on $\frac{9/23/24}{}$ and assigned
Florida document number <u>L 2 4000 376634</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
United Hire LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	rs=
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	D. Bl. H.
	Enter Florida street address
City	, Florida Zip Code
City	cap come

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>	Name	Address	Type of Action
			□Add
		 	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
		□Remove	
			□Change
		□Add	
		Remove	
		□Change	
			□Add
		□Remove	
			☐ Change
			□Add
			Remove
			□C'hanaa

,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
he reco ord is f	ord 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 filed.
Dated	September 23 rd Yunief Signature of a member or authorized representative of a member Yuniel Gil Typed or printed name of signer
	1 Galande from
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00