LITMANH4091

(Requestor's Name)
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PICK-UP WAIT MAIL
(Pusinger Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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03/30/17--01019--028 **25.00

SECRETARY OF STATE PALLAHASSEE, FLORIDA

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D. BRUCE APR 04 2017



March 31, 2017

JOHN T HEATH 215 FLORIDA AVE MASCOTTE, FL 34753

SUBJECT: YOU N I SERVICES; 'LLC

Ref. Number: L17000064091

We have received your document for YOU N I SERVICES; '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):

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 117A00006254

COVER LETTER

Division of Co	orporations		· .	
	Services: 'E.t.C			
	Name of Lin	nited Liability Company		
• • •		•	·	
. :		·		
The enclosed Articles of	of Amendment and fec(s) are sub	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:	•	
•		· _		
	John Theath			
	AND THE RESIDENCE OF THE PARTY	Name of Person	armenta d'a non como del la paraginamento den	
	You N i Services ; 'LLC			
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	215 Florida Ave		·	
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	Mascotte Florida 34753		-1. ~2	
	by an element of the Walter with the text of the text	City/State and Zip Code	2017	
**	jtheath52@gmail.com	,	AH PR	
	l-mail address: (to be used for future annual report notition	TARY ASSE	
For further information	concerning this matter, please c	all:	m _o	
John T Heath		734 652 0930	.FLO.	C
Name	of Person	Area Code Daytime		
			ŕ	
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)	Il \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

You N I Services ; LLC	·	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our recorda Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability	Company were filed on 03/21/2017	and assigned
Florida document number L17000064091		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
	•	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "U	C" or the abbreviation "L.J.,C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADD	RESS)	
· ·		-
•		APR APR
Enter new mailing address, if applicable:		- SAR
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istered office address on our recor	ds, enter the name of the ne
registered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
•	•	Florida
	City	Zip Code
	4.4	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appoinment 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

or removed	from our records:	manage, enter the title, name, and addre	o or other person sering nou-
			·. · · · · · · · · · · · · · · · · · ·
MGR = M	anager		
MBK = A	uthorized Member		
<u> </u>	Name	Address	Type of Action
MGR	John T Heath	215 Florida Ave Mascone Florida ?	₩ Add
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nted March 27	2017	
	Signature of a member or authorized representative of a	i metilifier
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j John T (feath	•	

Page 3 of 3

Filing Fee: \$25.00