6/25/25, 7:27 AM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PINPOINT GUIDANCE INC

Account Number : 120180000092 Phone : (954)371-9511 Fax Number : (954)933-3379

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ULTRA SERVICES LLC

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Tallahassee, FL 32314

## **COVER LETTER**

TO:	Registration Sect Division of Corpo	ion prations		
		ULTRA	SERVICES LLC	
SUBJI	ECT:	Name of Limite	d Liability Company	
The en	closed Articles of A	mendment and fee(s) are subm	itted for filing.	
		dence concerning this matter to		
		ALF	XANDRA ARIAS GOMEZ	
			Name of Person	
		U	LTRA SERVICES LLC	
			Firm/Company	
		21	451 SAWMILL COURT	
			Address	
		В	OCA RATON FL 33498	
			City/State and Zip Code	
			e-ppg@pinpointg.com	Continu
			n be used for future annual report noti	(Canon)
For fi	irther information co	oncerning this matter, please ca	11:	
ALE	XANDRA ARIAS (	JOMEZ	954 669-5174 at ()	
	Name of	l'Person	Area Code Daytim	ne Telephone Number
Enclo	sed is a check for th	ne following amount:		
29	325.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration So	ection
	Registration Division of C		Division of Co	orporations
	P.O. Box 637	27	The Centre of 2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULTRA SERV (Name of the Limited Liability Company a (A Florida Limited Liabil	ICES LLC	ur tegords.)		
(A Florida Limited Liability Company wer Florida document number 1.22000497858			and assigned	
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 C	Joinpany," the designa	tion "LLC" or the	abbreviation "L.L.C."	<del></del>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			2025	
Enter new mailing address, if applicable:		,	S JUH 25	7
(Mailing address MAY BE A POST OFFICE BOX)				<del>1</del>
B. If amending the registered agent and/or registered office add	lress on our recor	ds, <u>enter the na</u>	• • • • • • • • • • • • • • • • • • • •	istered
agent and/or the new registered office address here:		•	7N	
Name of New Registered Agent:		······································		
New Registered Office Address:	Enter Florida s	treet address	<u> </u>	
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
Thereby accept the appointment as registered agent and agree	to act in this cape	acity. I further	agree to comply w	ith th

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>	<u>Address</u>	Type of Action
AMBR	STEVEN ZAPATA ARIAS	21451 SAWMILL COURT	
		BOCA RATON FL 33498	□Remove
			[]Change
			(JAdd
			Change
			CAdd
			Remove
			TChange
			□Add
			□Change
			□Add
			□Remove
			C)Change
			□Add
			□Remove
			Change

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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the fi	e date of filing:  INNE 25, 2025  (optional)  Institute of filing of the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursulock does not meet the applicable statutory filing requirements, this date will repeartment of State's records.	uant to 605.0207 tot be listed as
the record specifies a delayed effection of the field.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	h day after the
Dated	2025	
Dated	· Man	
	Signature of a member or Althorized representative of a member	
	Siffurcing of a mornost of community to be a second	

Filing Fee: \$25.00