

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

G. MCLEOD

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EXAMINER



300162671863

11/16/09--01037--006 **25.00

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	UNLIMITED	POTENTIAL LLC		
3000ECT.		ited Liability Company		
	f Amendment and fee(s) are sul	·		
	Ş	SRINIVAS RAJARAM		
		Name of Person		
UNLIMITED POTENTIAL LLC				
		Firm/Company		
9705 SW 155 CT				
		Address		
		MIAMI, FL 33196		
	5.	City/State and Zip Code		
	E-mail address: (JCOLUP@GMAIL.COM to be used for future annual report notifications.	ation)	
For further information	concerning this matter, please of	call:		
	IVAS RAJARAM		58-1606	
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)	
	JNG ADDRESS: cration Section	STREET/COURIE Registration Section	R ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>ITED POTENTIAL LL</u>		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appea ida Limited Liability Company)	rs on our records.)	
The Articles of Openingtion for this Limited Liebilia	to Common ways filed on	06/20/2008	and assigned
The Articles of Organization for this Limited Liability		00/20/2000	and assigned
Florida document numberL08000060845	<u> </u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AL	ODRESS)		<u>o</u> ₹ _∽
			SIC
	3021002		2 20
Enter new mailing address, if applicable:			5 TAP
			P R SE
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<u> </u>
			- 후 흑론
		_	· 영류
B. If amending the registered agent and/or reregistered agent and/or the new registered office a	gistered office address on	our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office a	iddress here.		
Name of New Registered Agent:			
New Registered Office Address:			
	Er	iter Florida street addi	ress
		, Florida	
	City		Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
		te(s) here: (Attach additional sheets, if necessary.) T AS RAJARAM SRINIVAS. THE	_
<u>C</u>	ORRECT NAME SHOULD READ S	SRINIVAS RAJARAM.	_
	NOVEMBER 13	009	
ated	1100 EMBER 10	,	
		r of authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00