L10000006263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

FILED

C. LEWIS

FEB 1 0 2010

EXAMINER

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: _____ **Unlimited Professional Services 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:

Jaime E Rubio

Name of Person

Unlimited Professional Services LLC

Firm/Company

956 E Osceola Pkwy

Address

Kissimmee

City/State and Zip Code

myfloridamove@gmail.com

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

For further information concerning this matter, please call:

Jaime E Rubio at (**407**) **230-6956**

Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                     (additional copy is enclosed) Certified Copy
                                                                                 (additional copy is enclosed)

MAILING ADDRESS: **STREET/COURIER ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 FEB -9 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNLIMITED PROFESSIONAL SERVICES 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 _____**1/19/2010**_____ and assigned
Florida document number _____**L10000006263**_____.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:　　　　956 E. OSCEOLA PKWY

(Principal office address MUST BE A STREET ADDRESS)　　KISSIMMEE FLORIDA 34744

Enter new mailing address, if applicable:　　　　956 E. OSCEOLA PKWY

(Mailing address MAY BE A POST OFFICE BOX)　　KISSIMMEE FLORIDA 34744

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent</u>:　　JAIME E. RUBIO

<u>New Registered Office Address</u>:　　956 E. OSCEOLA PKWY
　　　　　　　　　　　　　　　　　　　　Enter Florida street address

　　　　　　　　　　KISSIMMEE　　, **Florida**　　34744
　　　　　　　　　　City　　　　　　　　　　*Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

*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
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	JAIME E. RUBIO	956 E. OSCEOLA PKWY KISSIMMEE FLORIDA 34744	☑ Add ☐ Remove
MGR	FRANCISCO MUNIZ	956 E. OSCEOLA PKWY KISSIMMEE FLORIDA 34744	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

N/A

Dated _____ FEBRUARY 10 _____, 2010 _____.

Signature of a member or authorized representative of a member

JAIME E. RUBIO
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00