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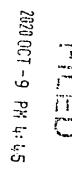
(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Unli	mited Com	npanes Lh	C
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mag	K Petrich Name of Person	
	Unlimited F	lectrical Cont	Ractures Corp
	3500 Park	Central Bly	d. N.
		City/State and Zip Code in ted Company to be used for future annual report no	ies, com
For further information co	oncerning this matter, please ca	all:	_
Mar K	Person Petrich	at (954) 93 (Area Code Daytir	ne Telephon Number
Enclosed is a check for th	e 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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unlimited Compa	inies LhC = m
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1100005840</u> 2	were filed on <u>U5/17/2017</u> and assigned
This amendment is submitted to amend the following:	វី ភ
A. If amending name, enter the new name of the limited liabi	lity company here:
WIA	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	$\mathcal{N}A$
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: Jas	mine James
New Registered Office Address: 3500 Pompa	Park Central Blvd. N. (Enter Elorida street address AD Beach, Florida 33064 Zip Code
/ New Registered Agent's Signature, if changing Registered Agent:	Comp cont
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office occupany has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
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effective date is liste	d, the date must be speci	ific and cannot be pric	or to date of filing or r	nore than 90 days after	onal) filing.) Pursuant to 605.020
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	and on the 15 opartities	in or state 3 record			
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