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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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SECRETARY OF BUYERS

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COVER LETTER

TO:								
eun ii:				LC				
SORIE	CI:							
The enc	losed	Articles of A	amendment and fee(s) are sub	mitted for filing.				
Please r	return	all correspon	dence concerning this matter	to the following:				
	Registration Section Division of Corporations Unlimited Heights Scaffold Services, LLC Tham of Limited Liability Company Corporations Unlimited Heights Scaffold Services, LLC Forther Martinez Name of Person Unlimited Heights Scaffold Services, LLC Firm/Company 355 W 29 Street Address Hialeah, FL 33012 City/State and Zip Code jm.uhss@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: a Martinez Name of Person Area Code Daytime Telephone Number Red is a check for the following amount: 1.00 Fitting Fee Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)							
				Name of Person				
Division of Continuities Unlimited SUBJECT: The enclosed Articles of Please return all corresponding to the property of the		Unlimited Heights Scaffo	old Services, LLC					
				Firm/Company				
			355 W 29 Street					
				Address				
				City/State and Zip Code				
					<u> </u>			
			E-mail address: (to be used for future annual report no	tification)			
For furt	her in	formation co	ncerning this matter, please ca	all:				
Janette	e Mar	tinez						
	·	Name of	Person	Area Code Daytir	ne Telephone Number			
Enclose	d is a	check for the	e following amount:					
\$25	.00 Fi	iling Fee		Certified Copy	Certificate of Status & Certified Copy			

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Unlimited Heights Scaffold Services, LLC.				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Cor	mpany were filed on 08/10/201	and assigned		
Florida document number L11000091699				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>	2 50 50 50 50 50 50 50 50 50 50 50 50 50		
		= = = = = = = = = = = = = = = = = = =		
		;= ## 1		
Enter new mailing address, if applicable:		<u>بر ج</u>		
(Mailing address MAY BE A POST OFFICE BOX)		P 30		
		2: 5		
		6 €		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		cords, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		Florida Zip Code		
	City	_, , , , , , , , , , , , , , , , , , ,		

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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	Ricardo Jorge Martinez	355 W 29 Street	■ Add
		Hialeah, FL 33012	Remove
			Change
			_ ☐ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
		- No. 1 Prince -	□ Add
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E. Effectiv	re date, if other than the date of filing: (optional)	
(If an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b nt's effective date on the Department of State's records.	e nstea
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ϵ	arlier
(b) The	90th day after the record is filed.	
Dated _	uly 5 2018	
_	14 1	
_		
	Signature of a member or authorized representative of a member	_

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Filing Fee: \$25.00