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| (Re | equestor's Name) | | | |
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TALLAHASSEE, FLORINA

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COVER LETTER

| | Registration Section Division of Corporations | | |
|---|--|--|--|
| SUBJEC | T: UNLIMITED GEI | NERAL SERVICES, LLC | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | nited Liability Company | |
| | · · | | |
| The encl | osed Articles of Amendment and fee(s) are su | sbmitted for filing. | |
| Please re | turn all correspondence concerning this matte | er to the following: | |
| | · | | |
| | | JOSEPH ORTIZ II | |
| | | Name of Person | |
| | UNLIMITE | ED GENERAL SERVICES, LLC | |
| | | Firm/Company | |
| | | 2309 INDIGO DR | |
| | | Address | |
| | CLEA | RWATER, FLORIDA 33763 | i |
| | | City/State and Zip Code | |
| | | ephOrtizII@Hotmail.com | |
| | E-mail address: | (to be used for future annual report notification | on) |
| For furth | er information concerning this matter, please | call: | \$ |
| | Joseph Ortiz II | at (72 <u>7</u>) 434 | 4-7653 |
| | Name of Person Area Code & Daytime Telephone Number | | ephone Number |
| | | • | |
| Enoloseo | 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) |
| | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET/COURIER Registration Section Division of Corporation Chifton Building 2661 Executive Center Tallahassee, FL 32301 | ns Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

UNLIMITED GENERAL 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 MARCH 141H 2012 and a | issigned |
|---|---|----------------|
| Florida document number <u>L.12000036956</u> | , a | |
| This amendment is submitted to amend the following: | 1 1 1 1 1 1 |) |
| A. If amending name, enter the new name of the limited liability compa | any here: | |
| The new name must be distinguishable and end with the words "Limited Liability "L.L.C." | y Company," the designation "LLC" or th | e abbreviation |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | L C C C C C C C C C C C C C C C C C C C | 012 |
| | 五元 | के ग |
| • | SSE | ယ် Γ |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u></u> |
| | ਤੁਜੋ : | |
| B. If amending the registered agent and/or registered office address tered agent and/or the new registered office address here: | ess on our records, enter the name | of the new |
| | | · · |
| Name of New Registered Agent: | | · · |
| New Registered Office Address: | | |
| | Enter Flortda street address | |
| | , Florida | - |
| City | Zip Co | ode |
| New Registered Agent's Signature, if changing Registered Agent: | 1 | |
| I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provided for | rmance of my duties, and I am famili | iar with and |

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = Manager

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:

MGRM = Managing Member Type of Action <u>Address</u> <u>Title</u> Name JOSEPH ORTIZJI Mgr 2309 INDIGO DR Add Remove CLEARWATER FLORIDA ☐ 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.) March 20th Dated Signature of a member of authorized representative of a member Joseph Ortiz II

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00