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COVER LETTER

TO: Registration Section

Division of Corporations.

Arnold Unlimited 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:

Reynaldo A. Arnold

Name of Person

Arnold Unlimited Services, LLC

Firm/Company

PO BOX 48426

Address

Tampa, FL 33646

City/State and Zip Code

arnoldunlimitedservices@gmail.com

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

For further information concerning this matter, please call:

Reynaldo A. Arnold

_{a(}813₎500-2136

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)

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 OF

Arnold Unlimited 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 10/18/2013 and assigned Florida document number L13000146861 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** Alberto L. Pagan 1907 Marvy Ave **AMBR** ■ Add Tampa, FL 33612 ☐ Remove □ Add □ Remove □ ∧dd □ Add _□ Remove

Effective date, if other than the date of filing:	(optional)
the date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State) Dated Tuly 15	(optional) annot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00