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COVER LETTER

TO: Registration Section
Division of Corporations

ULTIMATE BUILDING INNOVATION 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:

	ONEL ABRE	ΞU	
		Name of Person	
	ULTIMATE BUILI	DING INNOVATION L	LC
		Firm/Company	
	121 1ST ST	SW	
		Address	
	NAPLES, FI	L 34117	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information	n concerning this matter, please c	all:	
ONEL AB	REU	_{at (} 239 ₎ 298-4	1851
Nam	e of Person	· · · · · · · · · · · · · · · · · · ·	ne Telephone Number
Enclosed is a check fo	r 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

ULTIMATE BUILDING INNOVATION 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 04/23/2014	and assi	igned
Florida document number L14000065720		
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 "L	L.C."
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)		
The state of the s		
B. If amending the registered agent and/or registered office address on our records, en	ter the name	of the nev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address	1723	
, Florida	<u>.</u> 1	; # :
City	mb Cont	• •
New Registered Agent's Signature, if changing Registered Agent:	7)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further	r agree to comp	lv with the
provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	ım familiar wit	h 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.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or . Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LAZARO ABREU	1896 OAKES BLVD	= Add
		NAPLES FL 34108	Remove
MGR	GIULLIANO S. DI LONGO	10630 NOAHS CIR #801	
		NAPLES, FL 34116	
			□ Add □ Remove
			_
			Add
			Remove
			Add
			□ Add
			□ Remove

-		
he effective date must be specific, canno	ot be prior to date of receipt or filed date and cannot be more than 90 days	t ional) s after
he effective date must be specific, cannot he date this document is filed by the Flo	ot be prior to date of receipt or filed date and cannot be more than 90 days	t ional) s after
iffective date, if other than the he effective date must be specific, cannule date this document is filed by the Florated JULY, 22nd	ot be prior to date of receipt or filed date and cannot be more than 90 days orida Department of State)	tional) s after

Page 3 of 3

Filing Fee: \$25.00