

L14000117984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

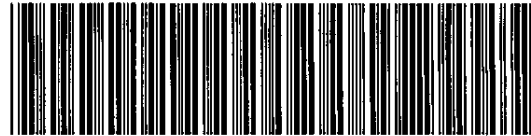
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE

N. Gulligan OCT 13 2014

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Unlimited Maintenance 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:

**Carlos Paneque**

Name of Person

**Unlimited Maintenance Services**

Firm/Company

**5722 S. Flamingo Road #166**

Address

**Cooper City, FL 33330**

City/State and Zip Code

**umsteam@yahoo.com**

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

For further information concerning this matter, please call:

**Carlos Paneque**

Name of Person

at **954 663-5437**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

Page 2 of 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please update Carlos Paneque from Title "P" to Title "MGR"

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 25 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Carlos Paneque

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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