L15000012146

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	;





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COVER LETTER

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Div	ision of Corp	orations		
SUBJECT:		R SERVICES LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please returr	all correspor	ndence concerning this matter t	to the following:	
		ARYS L. GARGALLO DO	OMINGUEZ	
			Name of Person	
		ULTRAMAR SERVICES	LLC	
			Firm/Company	
		7255 NW 44 ST		
			Address	 -
		DORAL, FL 33166		
			City/State and Zip Code	
		ultramarservicesllc@gmail.c		
		E-mail address: (t	o be used for future annual report notific	ation)
For further i	information co	oncerning this matter, please ca	ill:	
ARYS L. G	ARGALLO		786 4242626 at ()	
Name of Person Area Code Daytime Telephone Numb			Telephone Number	
Enclosed is	a check for th	e 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:

TO:

Registration Section

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

ULTRAMAR SERVICES LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited L	.iability Company	were filed on 01/21/2015	and	l assig	ned
Florida document number L15000012146					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name (of the limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviatio	n "L.L.	C."
Enter new principal offices address, if appli	cable:	7255 NW 44 ST , DORAL, F	L 33166	<u></u>	
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROY)	7255 NW 44 ST, DORAL, FI	33166		
maning dutiess MAI BEAT OST OFFICE	<u> </u>			ر ت	
B. If amending the registered agent and	l/or registered o	ffice address on our record	ds. enter the na	me io	f the nev
registered agent and/or the new registered (10 - 5 m - 5		77.7
Name of New Registered Agent:	ARYS L. GAR	GALLO DOMINGUEZ	LON	150 - 49	F. Charles
New Registered Office Address:	7255 NW 44 S			(27)	
		Enter Florida street address			
	DORAL	, F	lorida <u>33166</u>		
		City	Zip (ode	

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 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>	Name	Address	Type of Action
MGR	TATIANA VALDES	2111 NW NOTHR RIVER DR	
		APT 106, MIAMI, FL 33125	■ Remove
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Effective	e date, if other than the	date of filing:	12/01/2016		(op	tional)		A company
lf an effec Note: If	e date, it other than the tive date is listed, the date mus the date inserted in this blant's effective date on the De	t be specific and cock does not me	annot be prior to c	late of filing or n e statutory filir	nore than 90 days afing requirements, t	ter filing Pursu his da@will n	an to 60	05.0207 sted as 1
	rd specifies a delayed Oth day after the reco		te, but not a	n effective	time, at 12:01	. a.m. on th	ne ear	lier of
Dated _	ECEMBER 12		2016	. ()				
				<i>1</i> / X				
		Signature of a me	ember or authoria	d representativ	e of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00