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SECRETARY OF STATE

K.SALY EXAMINER APR 27

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ultimate Construction & Property Services. 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:
Jose T. Name of Person
Firm/Company
6/15 SW 147 Place Circle
MIAMI FC. 33193 City/State and Zip Code Ultimate construction mia@gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jose T. Noguerra at (305) 216 7668 Name of Berson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

\mathcal{F}_{I}
ARTICLES OF ORGANIZATION
$\mathbf{OF} \qquad \qquad \mathcal{COI}_{\delta APR} > \mathcal{C}$
ARTICLES OF ORGANIZATION OF Ultimate Construction of Property Services HASSEE FLORISE (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 02 75 2015. and assigned
Florida document number <u>L15000035286</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Ultimate Tile & Marble LLC The new name must be distinguishable and contain 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)
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:	
Name Danistana d Office Address	

New Registered Office Address: Enter Florida street address Florida

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 amendi	ng Authorized Person(s) authorized to <u>d from our records</u> :	manage, <u>enter the title</u> ,	, name, and address of each person being adde
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Filing Fee: \$25.00