L16000084132

(Requestor's Name)
(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:

Office Use Only



000318812790

09/28/18--01023 -- 007 **25.00

DIVISION OF CORF CRACION

N COOPER

DCT 0 1 2018

COVER BETTER

TO:	Registration Sec Division of Corp			
SUBJ	јест: <u>UI+</u>	imate Florin	ng Solutions, LLC	<u>-</u>
The e	nclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspor	dence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fi	irther information co	ncerning this matter, please co	all:	
Dianna Tejeda Name of Person		at (<u>863</u>) <u>326</u> . Area Code Daysime	タ2フl e Telephone Number	
Enclo	sed is a check for the	following amount:		
æ ¶s:	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 ARTICLES OF ORGANIZATION **OF**

Ultimate. (Name of the Limit	FOON ACTED LIABILITY Compa	nz sz ir irożi abbestzoj	15 LLC,		
The Articles of Organization for this Limited L Florida document number $\angle \mathit{HoDOO}$ \S		were filed on <u>Of</u>	RIL 25, 2016	and assig	med
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:	:		
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the desig	mation "LLC" or the abbrev	iation "L.L.	C."
Enter new principal offices address, if applic	able:				
Principal office address MUST BE A STREE	TADDRESS)				200
				3 SEP 2	2004 OF 1
Enter new mailing address, if applicable:				<u></u>	:
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			H 10: 28	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			ur records, enter the		f the new
Name of New Registered Agent:	,	a Nicole	_ ,>		
New Registered Office Address:	3757 I	5/and Oaks Emer Florida	Street address		
	Lakela	City	, Florida <u>3<i>3</i></u> 2	\$ 25 Lip Code	
New Registered Agent's Signature, if changing l	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 Diama Nicole Tejeda ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add

☐ Remove

☐ Change

		
	-	
	 	٨IG
	SE,	KOISI
	28	ر ت
	AH O:	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	10: 28	7.7
	<u> </u>	=
		
ctive date, if other than the date of filing:	.) Pursuant to 605.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.		er of
Beptember 19 . 2018.		
Carlos A Tejeda / Dianna Nicola Tej	da)	

Page 3 of 3

Filing Fee: \$25.00