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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Unlimited Depair & Cleaning Services, LLC Name of Limited Liability Company
The enclosed Articles of Ameidment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
ricase return an correspondence continued to the roller and
Jeannette Ortiz Name of Person
Name of Person
Unlimited Bepair & cleaning Services, LLC
4807 SW 48th Avenue (Lot2) Address
Davie, FL 333/4 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeanne He Orto at (954) 700-7614  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  \$55.00 Filing Fee & Certificate of Status  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

Unlimited The (Name of the Limite	d'Liability Compai A Florida Limited L	ny as it now appears on o liability Company)	ur records.)		
The Articles of Organization for this Limited Li-	ability Company	were filed on	17/17	and assi	igned
Florida document number <u>L/70000/2</u>	984.				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
Unique RV Mobile Rep. The new name must be distinguishable and contain the wo	ords "Limited Liabili	taling LCC	tion " or the	abbreviation "L.I	L.C."
Enter new principal offices address, if applica	ıble:	4807 51	•	•	
(Principal office address MUST BE A STREE	T ADDRESS)	Davie, F	<del>L</del> 333	14	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/or the new registered off	or registered of		records, enter	17 FEB - 3 PM St Omme the mame	of the new
Name of New Registered Agent:  New Registered Office Address:	Jona- 4807 David	thon Faja SW 4814 Enter Florida stra	ve L	ot 2	
		City		Zip Code	<del></del>

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

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
MGR	Jeannette Ortiz	710 Gibbs Avc	Add
		Fort Walton Beach, FL	Remove
		32547	Change
MGR	Jonathon Fajardo	4807 SW 48+4 AVE LO	+2tAdd
		Davic, FL 33314	□ Remove
			Change
			□ Remove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or management.  If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	ime, at 12:01 a.m. on	the earlier o
ated 01/30/17 , 2017 .		
Signature of a member of authorized representative	of a member	
Podol fo Projas Typed or printed name of signee		

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Filing Fee: \$25.00