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| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer: | |
|---|---|
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status | (Requestor's Name) |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) |
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Office Use Only



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Amend

JUN 2 6 2019 1 ALBRITTON

COVER LETTER

| Division of Corporations | |
|---|-------------|
| SUBJECT: UNIQUE MAINTENANCE SERVICES Name of Limited Liability Company | LL.C |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| CARIOS RODRIGUEZ Name of Person UNIQUE MAINTENANCE SELVICES Firm/Company | LLC |
| 3550 Blue LAKE DN #401 Address | |
| Pompano BEACH FC 33064 City/State and Zip Code Carlos 3306440 D Gmail . Com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| CRRIOS RODRIGUEZ at (954) 913-6972 Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| (additional copy is enclosed) Certified C | of Status & |

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

| UNIQUE MAINTO | EVANCE SERVICES LLC y as it now appears on our records.) ability Company) |
|--|---|
| (Name of the Limited Liability Company (A Florida Limited Lia | y as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L/9 000/4/909</u> . | were filed on $\frac{5/28/20/9}{}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabili | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: | 1.2 |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | ٠ <u>٠</u> |
| B. If amending the registered agent and/or registered office address here: | · · · · · · · · · · · · · · · · · · · |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | . Florida |
| | City Zip Code |
| 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> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|------------------------|----------------|
| MGR | CARlos RODNIGUEZ | 3550 Blue LAKE DR #40/ | ☑ Add |
| | | POMP. BCH FL 33064 | Remove |
| | | | Change |
| AMBR | RACHEL PABON | 3550 Blue LAKE DP # | Add |
| | | #401 Pomp. BCH FL 3306 | 4 □ Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |
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| | | | Add |
| | | | Remove |
| | | | ☐ Change |

| (If an c | Etive date, if other than the date of filing: 5-28-2019 (optional) Effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records. |
|----------|--|
| | ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: e 90th day after the record is filed. |
| Date | d 6-10-2019. |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00