

L20000117985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

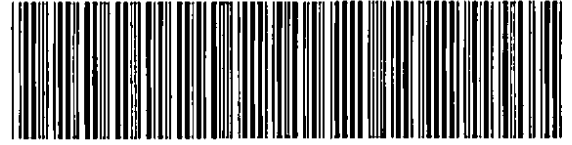
(Business Entity Name)

(Document Number)

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04/03/23--01009--030 \*\*25.00

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FILED  
2023 APR 3 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RIVERS

JUL - 9 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INSTALLATIONS MASTERS INTERNATIONAL, LLC  
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:

JESUS RAFAEL ORTIZ

Name of Person

INSTALLATIONS MASTERS INTERNATIONAL, LLC

Firm/Company

4021 N. ANDREWS AVENUE

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

INSTALLATIONSMASTERS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS RAFAEL ORTIZ

954 515-7558  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INSTALLATIONS MASTERS INTERNATIONAL, LLC

(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 05/01/2020 and assigned  
Florida document number L20000117985.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

UNO NETWORK, 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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Case	Initial	Final	Change
1			<input type="checkbox"/> Add
2			<input type="checkbox"/> Remove
3			<input type="checkbox"/> Change
4			<input type="checkbox"/> Add
5			<input type="checkbox"/> Remove
6			<input type="checkbox"/> Change
7			<input type="checkbox"/> Add
8			<input type="checkbox"/> Remove
9			<input type="checkbox"/> Change
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12			<input type="checkbox"/> Change
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15			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 27, 2023

Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2023

JESUS RAFAEL ORTIZ  
4021 N ANDREWS AVE.  
FORT LAUDERDALE, FL 33309

SUBJECT: INSTALLATIONS MASTERS INTERNATIONAL LLC  
Ref. Number: L20000117985

We have received your document for INSTALLATIONS MASTERS INTERNATIONAL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers  
Regulatory Specialist III

Letter Number: 723A00011560