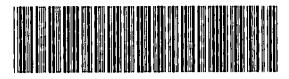
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Office Use Only



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COVER LETTER

Division of Corp	orations		
SUBJECT: UL	7 MATE Prof	PERTY SELVICES ted Liability Company	LLC
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	_	Name of Person Or Per77 Service 5 Firm/Company	
		Firm/Company Prix LANE Address	
		City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
For further information co	ncerning this matter, please ca	ill:	
Kev.n Hec Name of	Ke A Person	at (516) 749 3 Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO: Registration Section

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

Ultimate Property Ser	VICES L	LC
(Name of the Limited Liability Compa (A Florida Limited)	i ny as it now appe: Liability Company)	ears on our records.)
The Articles of Organization for this Limited Liability Company		
Florida document number <u>L 2 0000 273360</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	-	020
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	 -	<u> </u>
Enter new mailing address, if applicable:		,
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Flo	lorida 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
AMBR	wiesenber 6, HARVEY	BOYNTON BEACH, FL 33473	□ Add
			Remove
		12270 MAdison Ridge AVC BOYNTON BEACH, FL 334	Change
AMBR	HArvey wiesenberg	12270 MAdison Ridge AVC BOYNTON BEACH FL 334	7.3. N
			RepovO
			□Change
<u>AMBR</u>	Chin, michael	2601 Venetian prive	□ Add
		BOYNTON BEACH, FL 33426	Remove
			□Change
AMBR	michnet chin	2601 Venetian Drive	XAdd
		BOYNTON BEACH FL 33426	□Remove
			□Change
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	the date must be s	pecific and cann				han 90 days	optional) after filing.) Pursuant to 605
e: If the date inserte iment's effective da				le statutory	filing rec	quirements.	, this date will not be list
			an			4.	
ord specifies a delag filed.	yed effective date	e, but not an e	ffective time	e, at 12:01 a	ı.m. on tl	ie carlier o	f: (b) The 90th day afte
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ed <u>/0/23</u>	1/2020	1 /1	,	- ·			
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