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COVER LETTER

TO:

то:	Registration Se Division of Cor			
and b LE	Al Unlimit	ted LLC		
SUBJEC	ul:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Glendisha Wells		
			Name of Person	
		A1 Unlimited LLC		
			Firm/Company	
		4493 Surrey Spring Way		
			Address	
		St Cloud Florida 34772		28.22 HOV 1.5
			City/State and Zip Code	
		glendisha_rolle@hotmail.co		
		E-mail address: (to be used for future annual report notification)	•
For furth	ner information c	oncerning this matter, please c	all:	7 2
Glendis	ha Wells		954 670-9889 at ()	2: 32
•	Name o	f Person	Area Code Daytime Telephone I	Number
Enclosed	d is a check for th	he following amount:		
■ \$ 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Mailing Address Registration		Street Address: Registration Section	
Registration Section Division of Corporations			Division of Corporations	
	P.O. Box 632	27	The Centre of Tallahassed	
	Tallahassee.	EL 32314	2415 N. Monroe Street, S	uite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A1 Unlimited LLC		1221
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability of Florida document number 1.22000330387		and assigned .
This amendment is submitted to amend the following:		32 2
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		enter the name of the new registered
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>	<u>Address</u>	Type of Action
MGR	Glendisha Wells	4493 Surrey Spring Way	= Add
		St Cloud Florida 34772	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. November 11th					
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Maria Maria	Si	gnature of a member or autho	rized representative of a m	ember	_
	Mannie Wells				

Filing Fee: \$25.00