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\$4.95 (10 cm of the company)

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A. RIVERS
JUN 1 2 2023

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	rvices LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ulianov Mireles		
		Name of Person	
	Uli Multiservices LLC		
		Firm/Company	
	23864 SW 117th Pl		
	-	Address	
	Homestead, Florida 33032		
		City/State and Zip Code	
	ulimultiservices@gmail.cor		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Ulianov Mireles		+1 305 731 148	83
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	. disa
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Uli Multiservices 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 $\frac{04/04/2023}{1}$ and assigned Florida document number 1.23000168384 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: တဲ Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

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	Ulianov Mireles	23864 SW 117th PHHomestead FI 33032	□ Add
			□Remove
			⊞ Change
			□Add
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			□Remove
			□Change
			🗆 Add
			□Remove
			□ Characa

Registered Agent Name & Ad	dress	
MIRELES, ULIANOV		
23864 SW 117TH PL HOME	STEAD, FL 33032	
Authorized Person(s) Detail		
Name & Address		
Title AMBR.		
MIRELES, ULIANOV		
23864 SW 117TH PL HOME	STEAD, FL 33032	
	· - · · · · · ·	
	be specific and cannot be prior to date of ck does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to 605,0207 (2 atory filing requirements, this date will not be listed as the
e record specifies a delayed effective rd is filed.	date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 20	. 2023	D.
		(// . 1

Filing Fee: \$25.00