

(Requestor's Name)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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added by the examiner. J. Dennis 07/22/2004

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	COVER	LETTER
	Registration Section Division of Corporations	
SUBJECT:	UNANIMOUS SERVICES 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:

JAVIER SALGADO LAGOS

Name of Person

Firm/Company

831 BURLINGTON STREET

Address

OPA LOCKA, FL 33054

City/State and Zip Code

MEYMIMI0326@GMAIL.COM

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

For further information concerning this matter, please call:

622-6741 JAVIER SALGADO LAGOS 786 at (\_\_\_\_\_ Daytime Telephone Number Name of Person Area Code

Enclosed is a check for the following amount:

S25.00 Filing Fee

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□ \$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 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

UNANIMOUS SERVICES LLC	All and a second se	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	<u>,</u> ``>
The Articles of Organization for this Limited Liability Company w Florida document number	<u>v as it now appears on our records.</u> ) ability Company) vere filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
UNANIMOUS CLEANING SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liability	y 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 ad agent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registere</u>	<u>ed</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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.

Citv

, Florida \_

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

. . .

<u>Title</u>	Name	Address	<b>Type of Action</b>
			🗆 Add
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D. If amending any other information. enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

JUNE 5"	FH			
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JAV	TER SALGADO LAGOS	Jun un Sa		
		Typed or printed name	6 signee	