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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Unlimited Services, Inc.
DOCUMENT NUMBER: P1400050646
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mirela L Roman Name of Contact Person Florida Unlimited Services, Inc. Firm/Company 4568 Key Largo Lane Address Bonita Springs, FL 34135 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Micela L Roman at (239) 250-4224 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

	OT	٠	
- Florida U	nimited:	Services, In	c.
(Name of Corneration as currently			
	00005764	<u> </u>	-
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Prof</i>	it Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co	ord "corporation," "compar	ny," or "incorporated" or the a	_The new bbreviation contain the
word "chartered," "professional association," or to	he abbreviation "P.A."		
B. Enter new principal office address. If applical (Principal office address MUST BE A STREET A			-
:			-
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	80X)		
			
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florid ed office address:	la, enter the name of the	年間 医型
Name of New Registered Agent			THE CANADA
			N EE
*****	(Florida street address)		
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		pt the obligations of the position.	
Signature of	New Registered Agent, if chan	ging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	Doc	
X Remove	Y Mike	: Jones	·
X Add	SV Sally	2 Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	V.P.	Mirela L Roman	4568 Key Largo Lane
Add			HSBRKey Largo Lane Bonita Springs, FL 34135
Remove			
2) Change			
L Add			The state of the s
Remove			
3) Change			
Add			
Remove			
4) Change		 	
Add			
Remove			
5) Change		<u></u>	
Add			
Remove			
6) Change			
Add			···
Remove			

itach <i>additio</i>	r adding additions nal sheets, if necessi	ary). (Be specij	lic)		
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<u>rovisions fo</u>	ent provides for an r implementing the plicable, indicate N	amendment if n	adication, or cr ot contained in	ncellation of iss the amendment	ued shares, Itself:
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			·····		
		 			

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were are by the shareholders was/were a	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	exproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	at for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
	120114	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	_
	Petru Ursache. (Typed or printed name of person signing)	_
	_	
	President	_
	(Title of person signing)	