P14000014111

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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Amend CLS

COVER LETTER

TO: Amendment Section Division of Corporations

Dirition of Corp.					
	RATION: UNLIMITED		SOCIATES, INC.		
DOCUMENT NUMI	BER: P1400007411	1			
	of Amendment and fee are sub				
Please return all corres	spondence concerning this mat	ter to the following:			
•	SILENA GUZMAN	N			
	Name of Contact Person UNLIMITED SOLUTIONS ASSOCIATES, INC.				
Firm/ Company 543 RACQUET CLUB ROAD #33					
	Address WESTON, FL 33326				
		City/ State and Zip Code	;		
CA	MPAIGN104@HC	TMAIL.COM			
		ed for future annual report	notification)		
For further information concerning this matter, please call:					
SILENA GUZMAN		at (954	425.6120		
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	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle		

Articles of Amendment to Articles of Incorporation



UNLIMITED SOLUTIONS ASSOCIATES, INC.

(Name of Corporation as currently filed with the F	lorida Dept. of State)
P14000074111	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	'Co'. A professional corporation name must contain the
B. Enter new principal office address, if applicable:	10500 NW 50TH STREET
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 204
•	SUNRISE, FL 33351
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10500 NW 50TH STREET
	SUITE 204
	SUNRISE, FL 33351
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New Registered	Agent, if changing

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add Remove				
2) Change		_		
Add Remove				
3) Change		_	 	
Remove				
4) Change				
Add Remove				
5) Change				
Add Remove				
6) Change		_		
Add				

ttach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exchorovisions for implementing the ame	nange, reclassificated and ment if not cont	ion, or cancel ained in the a	mendment its	elf:
(if not applicable, indicate N/A)				

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
J	·	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
action was not required. Dated 18 NOV	EMBER 201 irector, president or other officer – if directors or officers have not been	
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	red fiduciary by that fiduciary)	
	SILENA GUZMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	