

LD5 000 104689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

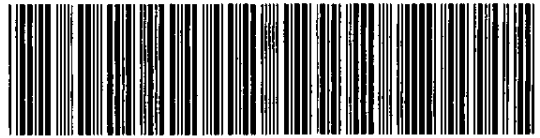
(Document Number)

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**G. MCLEOD**  
JAN 12 2010  
**EXAMINER**



300163534813

12/14/09--01053--030 \*\*25.00

*Reject*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 JAN 11 AM 9:19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Universal Nighthawk 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:

Molly Forte  
Name of Person

Universal Nighthawk Services, LLC  
Firm/Company

P.O. Box 25428  
Address

Sarasota, FL 34277  
City/State and Zip Code

mforte@unsrad.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly Forte at ( 941 ) 487-2550  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Universal Nighthawk Services, 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 \_\_\_\_\_ and assigned  
Florida document number L05000104089

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 end with the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Harold Ackerstein	P.O. Box 25428 Sarasota, FL 34277	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Randall Brodsky	P.O. Box 25428 Sarasota, FL 34277	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Maria Finazzo	P.O. Box 25428 Sarasota, FL 34277	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Marcel Srur,	PO Box 25428 Sarasota, FL 34277	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Nancy Wilson	PO Box 25428 Sarasota, FL 34277	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Richard Werman	PO Box 25428 Sarasota, FL 34277	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

Please see attached list.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 10, 2009.

Molly K Forte

Signature of a member or authorized representative of a member

Molly K Forte

Typed or printed name of signee

	<u>Title/Name/Address</u>	<u>Action</u>
MGRM	Dr. Harold Ackerstein PO Box 25428 Sarasota, FL 34277	Add
MGRM	Dr. Laura Kunberger PO Box 25428 Sarasota, FL 34277	Add
MGRM	Dr. Karen Gross PO Box 25428 Sarasota, FL 34277	Add
MGRM	Dr. Amelia Pearce PO Box 25428 Sarasota, FL 34277	Add
MGRM	Dr. Shree Shah PO Box 25428 Sarasota, FL 34277	Add
MGRM	Dr. Richard Lichtenstein PO Box 25428 Sarasota, FL 34277	Add
MGRM	Dr. Steven Morse PO Box 25428 Sarasota, FL 34277	Add
MGRM	Dr. Kimberly Ruzek PO Box 25428 Sarasota, FL 34277	Add