

LO90000730Lde

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

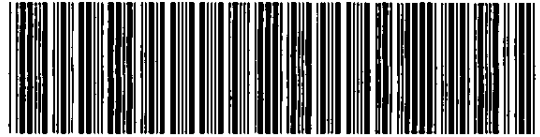
(Business Entity Name)

(Document Number)

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10 JAN 25 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JAN 26 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNION POWER LOGISTIC 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:

IVON OLIVA

Name of Person

UNION POWER LOGISTIC, LLC

Firm/Company

355 E 49th St

Address

Hialeah, FL 33013

City/State and Zip Code

uploadway@gmail.com

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

For further information concerning this matter, please call:

Ivon Oliva

Name of Person

at (305)

238-6534

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**

Union Power Logistic, 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 Jan 20, 2010 and assigned
Florida document number L09000073066.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 355 East 49th ST
(Principal office address MUST BE A STREET ADDRESS) Hialeah, FL 33013

Enter new mailing address, if applicable: 355 East 49th ST
(Mailing address MAY BE A POST OFFICE BOX) Hialeah, FL 33013

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ivan Peralta	12805 SW 116 CT Miami, FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rosie Peralta	12805 SW 116 CT Miami, FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

Dated 01/20/2010



 Signature of a member or authorized representative of a member

IVON OLIVA

Typed or printed name of signee