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B. BOSTICK

MAR 1 9 2012

EXAMINER

··		COVER LETTER.		
TO: Registration Division of C	Section Corporations			
SUBJECT:	Unified Fina	incial Solutions, LL	C	
	The state of the s	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are so	ubmitted for filing.		
Please return all corres	spondence concerning this matte	er to the following:		
		Karen Robinson		
		Name of Person		
	Unifie	ed Financial Solutions,	LLC	
		Firm/Company		
	290	01 Clint Moore Road #2	292	
		Address		
		Boca Raton, FL 33496	3	TAS -
		City/State and Zip Code		TALLAH
	Ka E-mail address:	renathome@yahoo.co (to be used for future annual rep	m ort notification)	
For further information	n concerning this matter, please			TO PART OF S
Karen Robinson		at (561)	376-0766	1: 49 LORID
Name	e of Person	u	. Daytime Telephone Nu	imber A G
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Cert nclosed) Cert	0 Filing Fee, tificate of Status & tified Copy litional 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				
· · · · · · · · · · · · · · · · · · ·	0				
, ARTICLES OF O					
)F				
Unified Financia		-			
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.)				
(A Florida Limited	Liability Company)				
Γhe Articles of Organization for this Limited Liability Company	y were filed on 1/14/08 and assigned	d			
Florida document numberL0800004137					
This amendment is submitted to amend the following:					
_					
A. If amending name, enter the new name of the limited lial	bility company here:				
The new name must be distinguishable and end with the words "Lim L.L.C."	nited Liability Company," the designation "LLC" or the abbre	viati			
					
Enter new principal offices address, if applicable:	AAEU 2				
Principal office address MUST BE A STREET ADDRESS)					
•	ASS 6				
	mc P M				
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)	ORID ORID				
)A				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		<u>e ne</u>			
egistered agent and/or the new registered white address he	10.				
Name of Naw Pagistared Agents					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida City Zip Code				
	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.

		on our records, enter the title, name, and addr m our records:	· · · · ·
MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Reliable Response Marketir	2901 Clint Moore Road #292 Boca Raton, FL 33496	Add Remove
<u>MGRM</u>	Blackhawk Energy, LLC	1200 N. Federal Highway Suite #201 Boca Raton, FL 33432	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
177			Add Remove
D. If amend	ling any other information, enter chang	AHASSEE, FLORI	TELED
Dated	March 13	012	
	-	er or authorized representative of a member	
		Karen Robinson I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00