L04000018432

(Requestor's Name)						
(Address)						
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(Business Entity Name)						
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B. BOSTICK

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EXAMINER

COVER LETTER

TO:	Regi Divi	istration sion of	n Section Corporations		e e
SUBJEC	rar.	44,	•	uity Green, LLC	
·	C 1 • .			mited Liability Company	_
ı					
The encl	losed	Articles	s of Amendment and fee(s) are	submitted for filing.	
Please re	eturn	all corre	espondence concerning this mat	ter to the following:	
				Daniel S. Coppens	_
				Name of Person	
			· 	Ubiquity Green, LLC	<u>. </u>
				Firm/Company	
				2600 Cole Rd	
				Address	-
				Orlando, FL 32803	12 SEI
				City/State and Zip Code	APR
			dan.co	ppens@mechanicaldesign.co : (to be used for future annual report notification)	APR 27
For furth	er int	formatic	on concerning this matter, please	· ·	PH W
		-	Daniel Connens		LCS F: 5
			Daniel Coppens ne of Person	at (407) 362-7851 Area Code & Daytime Telephone Num	<u> </u>
Enclosed	l is a	check fo	or the following amount:		•
\$25.0	0 Fil	ing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee, cate of Status & ied Copy onal copy is enclosed)
		Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations . Box 6327 lahassee, 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

Ubiqui (<u>Name of the Limited Liability C</u> (A Florida Lin	ity Green, LLC Company as it now appear mited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number L04000018432		03/09/2004	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	ed liability company her	<u>e</u> :	,
Mechanical D	Design Services, LLC		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	,	•	
(Principal office address MUST BE A STREET ADDRE	ESS)		
			70 L
		•	miles - I
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			TA F:
			52 1D2
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on o ss here:	ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street addi	ess
		, 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

VIGRIVI — IV	fanaging Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Add
			Remove
			☐ Add
	,		Remove
•			
	-		Remove
		. ,	—
			Add Remove
		***	12
	<u> </u>		AddRemove
If amend	ing any other information, en	ter change(s) here: (Attach additional sheets, if nec	eessary.)
			12 ŠEO FALL
		·	APR 2
		The state of the s	m-
			man of the second
			4: 52
ated	April 25th	, <u>2012</u>	
	Signature of	a member or authorized representative of a member	
		Daniel S. Coppens	
•		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00