10400055545

(Requestor's Name)
(Address)
(amaza,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600039822086

08/09/04--01051--005 **25.00

SECRETERE OF STATE

WH 255565

TRANSMITTAL LETTER

TRANSMITTAL LETTER
TO: Registration Section Division of Corporations
SUBJECT: Prevail, 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:
Evelyn Wilkerson
(Name of Person)
Ubiquita Systems, LLC
(Firm/Company)
55 Sounders Trail Cir.
(Address)
Ormond Beach, FL 32174
(City/State and Zip Code)
For further information concerning this matter, please call:
Evelyn Wilkerson at (386) 673-3599
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (Titled Copy is enclosed)} \text{Certified Copy is enclosed}\$ \text{Certified Copy is enclosed}\$ \text{Certified Copy is enclosed}\$

STREET ADDRESS: Registration Section

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Prevail, LLC			
	(Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on July 23, 2004 and assigned document number L04000055565			
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted liability company:	by the limi	ted	
	Name change to Ubiquita Systems, LLC			
	No longer manager managed. Should be member managed, with one member, Evel	yn Wilkerso	1.	
	A 1.C. 2004			
Dated	August 6 , 2004	ಶ	2	
	(July Willeson	ECALIVITY LAHASSE	+ AUG 9	
	Signature of a member or authorized representative of a member	프	P	
	Evelyn Wilkerson		***	
	Typed or printed name of signee	₹m	F 3	

Filing Fee: \$25.00