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## **COVER LETTER**

	Registration Section Division of Corporations		
~> ^*	United Centr	al Investments, LLC	•
SUBJEC	- · <u> </u>	ited Liability Company	
The encl	osed Articles of Amendment and fee(s) are sub	bmitted for filing.	
Please re	turn all correspondence concerning this matter	r to the following:	
		Larisa Plodovsky	
		Name of Person	
	United	I Central Investments, LLC	
	····	Firm/Company	<del></del>
	649	95 Shiloh Road Ste 400	
		Address	
		Alpharetta, GA 30005	
		City/State and Zip Code	
	laris:	ap@apddevelopers.com to be used for future annual report notifica	tion)
For furth	er information concerning this matter, please of		atoli)
	Larisa Plodovsky	at (	45-0293
	Name of Person	Area Code & Daytime 1	elephone Number
Enclosed	is a check for the following amount:		
<b>□\$</b> 25.0	0 Filing Fee \$\times \text{S30.00 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:

r = = r

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

FILED 10 SEP -8 AMII: 15

United Central Investments, LLC (Name of the Limited Liability Company as it now appears on our record)  (A Florida Limited Liability Company)	RETARY OF STATE AHASSEE, FLORIDA		
The Articles of Organization for this Limited Liability Company were filed on	and assigned		
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 designat "L.L.C."	tion "LLC" or the abbreviation		
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, energistered agent and/or the new registered office address here:	nter the name of the new		
Name of New Registered Agent:			
New Registered Office Address:  Enter Florida stree	et address		
Litter Provided Street	Linei I wina sireet aaaress		
	da 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 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
NGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
MGRM	Evgeny Sur	13846 Atlantic Blvd #208 Jacksonville FL 32225	Add Remove			
MGRM	Vladimir Kostylev	1600 S Ocena Blvd Apt 904 Pompano Beach FL 33063	Add  Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amendi	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if necessar	y.)			
	e effective date of the change of	of MGRM is 09/09/2009.	FILED 10 SEP -8 AM II: 15 SECRETARY DE STATE			
Dated	September 9 ,	2009 .				
Signature of a member or authorized representative of a member						
		Larisa Plodovsky				
•	Typed or printed name of signee					

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Filing Fee: \$25.00