

L06000102718

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 22 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: United Capital Group, 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:

Deanna Aliano

Name of Person

United Capital ^{Grp} Fund, LLC

Firm/Company

550 SW Indian Key Drive

Address

Port St. Lucie, FL 34986

City/State and Zip Code

daliano@unitedcapitalgrp.com

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

For further information concerning this matter, please call:

Deanna Aliano

Name of Person

at (772)

626-3815

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAUnited Capital Group, 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 10/23/2006 and assigned
Florida document number L06000102718.

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:

4830 W Kennedy Blvd

(Principal office address MUST BE A STREET ADDRESS)

Suite 447Tampa, FL 33609

Enter new mailing address, if applicable:

4830 W Kennedy Blvd

(Mailing address MAY BE A POST OFFICE BOX)

Suite 447Tampa, FL 33609

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:

Joseph Haymore

New Registered Office Address:

4830 W Kennedy Blvd Suite 447

Enter Florida street address

Tampa,
City

Florida

33609

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.

Joseph Haymore
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>
MGRM	HAYMORE, LARA	4830 W Kennedy Blvd Suite 447 Tampa, FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HAYMORE, JOSEPH	4830 W Kennedy Blvd Suite 447 Tampa, FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JEWKES, GARY	3410 HICKORY HILL RD. BROOKS GA 30205 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ABUNDANT HOLDINGS, LLC	4830 W Kennedy Blvd Suite 447 Tampa, FL 33609	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated January 18, 2010

Signature of a member or authorized representative of a member

Joseph Haymore

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA