

Ld0000102806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

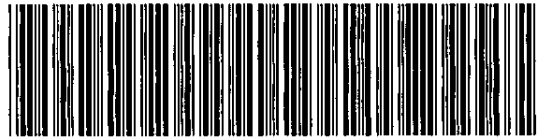
Special Instructions to Filing Officer:

L. SELLERS

DEC - 2 2008

EXAMINER

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08 DEC - 1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RBS MANAGEMENT COMPANY, 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:

DENISE KOTYLO

(Name of Person)

UNIFIED MANAGEMENT COMPANY, LLC

(Firm/Company)

2200 GENOA BUSINESS PARK DRIVE, SUITE 100

(Address)

BRIGHTON, MI 48114

(City/State and Zip Code)

For further information concerning this matter, please call:

DENISE KOTYLO

(Name of Person)

at (810) 220-2654

(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**

RBS MANAGEMENT COMPANY, 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 10/20/2006 and assigned
Florida document number L06000102866.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

UNIFIED MANAGEMENT COMPANY, LLC

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:

200 SOUTH ORANGE AVENUE

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA, FL 34236

Enter new mailing address, if applicable:

2200 GENOA BUSINESS PARK DRIVE, STE 100

(Mailing address MAY BE A POST OFFICE BOX)

BRIGHTON, MI 48114

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:

WILLIAM G. SCHLOTTHAUER

New Registered Office Address:

200 SOUTH ORANGE AVENUE

(Enter Florida street address)

SARASOTA

(City)

Florida 34236

(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)

FILED
08 OCT 2006
AM 8:29
TALLAHASSEE
STATE
JUDICIAL

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

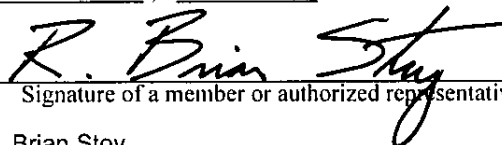
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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 November 20, 2008



Signature of a member or authorized representative of a member

R. Brian Stoy

Typed or printed name of signee

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 08 DEC -1 AM 8:29
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA