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SECRETARY OF STATE
ANASSEE FLOORS

B. BOSTICK
JUN 1 3 2012
EXAMINER

COVER LETTER

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Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: UR	T ENTERPRIS	ES LLC			
		d Liability Company			
			v		
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspon	ndence concerning this matter to	o the following:			
	SER	FE STROSBE Name of Person	-RG		
	URT ENTE	FRPRISES LLC Firm/Company			
	130 SUNA	2/SE av. # 6/1 Address			
	PALM B	EACH EL 3: City/State and Zip Code	3480		
U	E-mail address: (to	City/State and Zip Code and Grand G	Com	12 Sec IALL	
	oncerning this matter, please cal	1:			
Name of	EL STROSBE, Person	R. 6 at (561) 833 2 9 Area Code & Daytime Tele	6/ Phone Number	H PH 3: I	E MO
Enclosed is a check for th	e following amount:		5	» O	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &	i)
Registra	NG ADDRESS: ation Section n of Corporations	STREET/COURIER A Registration Section Division of Corporation			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URI EN	TERPRISES	LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	14/2007	and assigned
Florida document number 107000017	798	, ,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		***	
(Principal office address MUST BE A STREET ADD	RESS)		
		-	
			12 SEC
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
		, !	
•			
B. If amending the registered agent and/or regi	stered office address on	our records. enter	
registered agent and/or the new registered office ad			2=1 -
		ì	e o
Name of New Registered Agent:			
New Registered Office Address:			
	En	nter Florida street add	dress
		. 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

MGRM = M	lanaging Member	* v		
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	ANTHUR DO	DUNY STROSE	F16-	Add Remove
46R	SERGE	STROSAER	9 130 Sunide av. #611 PALD BLACH FL 33480	Add Remove
<u>46RM</u>	MURIE!	STR OSBERG	FALD BEACH FL. 33480	^X Add Remove
-		· · ·		Add Remove
		`.		Add Remove
				Add Remove
D. If amend	ling any other info	rmation, enter change(s	s) here: (Attach additional sheets, if necessary.)	Street I
			SEE. FE ORIUM	
Dated		Signature of a member of	Tone authorized representative of a member	7, 2012
			r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00