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SECRETARY OF STATE

M. THOMAS

MAY 11 YOUR

EXAMINER

## **COVER LETTER**

TO:

Registration Section

Division o	of Corporations		
SUBJECT:		AN ENTERPRISES, LLC.	
	Name of Limi	led Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub	emitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
		TIMOTHY K DOYLE	
		Name of Person	
	UNITED AM	IERICAN ENTERPRISES, LLC	TALLAHASSEE, FLORID
		Firm/Company	至
	174 W	ATERCOLOR WAY #335	
		Address	
			SERIO
•	SANTA	ROSA BEACH, FL 32459	
		City/State and Zip Code	97.7 26 197.1 26
	UNITEDAMERIO	CANENTERPRISES@GMAIL.Co  to be used for future annual report notification	COM STORY
F 6 1		•	,,
For further informa	tion concerning this matter, please c	all:	
	MOTHY K DOYLE	ut (	-4041
N	lame of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount:		
<b>▼</b> \$25.00 Filing Fe	ee \$\begin{align*} \begin{align*} \text{\$30.00 Filing Fee & } \\ \text{Certificate of Status} \end{align*}	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R C P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation: Clifton Building 2661 Executive Center Of Tallahassee, FL 32301	s

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED AMERIC	AN ENTERPRIS	ES, LLC.	
( <u>Name of the Limited Liability (</u> (A Florida Li	mited Liability Company)	is on our records.)	
The Articles of Organization for this Limited Liability Co	mpany were filed on	03/09/2007	and assigned
Florida document number L0700026105			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Comp	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ass)	<u> </u>	1 2 7
		<u> </u>	THE THE PARTY OF T
Enter new mailing address, if applicable:		( (	震 元
(Mailing address MAY BE A POST OFFICE BOX)			10: 2: 10: 2:
			器 2
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, enter t	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street add	ress
	City	, Florida	Zip Code
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Genco Development, LLC	3925 W CO HWY 30-A, SUITE B SANTA ROSA BEACH, FL 32459	Add Remove
MGRM_	CHASE R QUINBY	174 WATERCOLOR WAY #335 SANTA ROSA BEACH, FL 32459	Add Remove
MGRM	ZACHARY R MOE	174 WATERCOLOR WAY #335 SANTA ROSA BEACH, FL 32459	Add Remove
			Add Remove
<del></del>			Add Remove
		A <sub>C</sub>	Add Remove 20
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary)  ASSEE, FLORID	FILED 19 HAY -8 AM 10: 2
  Dated	MAY 5 2009	9 authorized representative of a member	7
-	GENCO DEVELOPMENT	, LLC MGRM TIMOTHY K DOYLE printed name of signee	

Page 2 of 2

Filing Fee: \$25.00