

L07000038580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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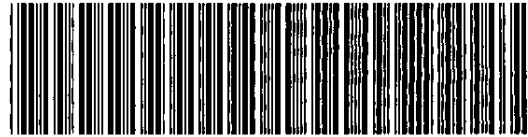
(Business Entity Name)

(Document Number)

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2011 OCT -6 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT -7 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNION MD, 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:

CHARLES, JEAN R
Name of Person

UNION MD, LLC
Firm/Company

4811 SW 41 STREET APT.206
Address

PEMBROKE PARK FL 33023
City/State and Zip Code

unionmd@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES, JEAN R at (786) 660 8443
Name of Person 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**

UNION MD, 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 04/10/2007 and assigned
Florida document number L07000038580.

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:

14137 NE 3rd Court

(Principal office address MUST BE A STREET ADDRESS)

North Miami, FL 33161

Enter new mailing address, if applicable:

14137 NE 3rd Court

(Mailing address MAY BE A POST OFFICE BOX)

North Miami, FL 33161

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:

~~JC Brothers Productions, LLC~~

Alpha Depot, LLC

New Registered Office Address:

14137 NE 3rd Court

Enter Florida street address

North Miami

City

Florida

33161

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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHARLES, JEAN R	4811 SW 41 Street, Apt.206 Pembroke Park, FL 33023	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JC Brothers Productions, LLC	14137 NE 3rd Court North Miami, FL 33161	<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
			<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.)

2011 OCT - 6 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Dated October 3, 2011


Signature of a member or authorized representative of a member

CHARLES, JEAN R
Typed or printed name of signee