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|---|--|--|--|--|
| (Requestor's Name) | | | | |
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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M. THOMAS

JUL 1 0 2008

EXAMINER



COVER LETTER

Registration Section
Division of Corporations

| SUBJECT: Ur | <u>iiversal GPS Solutions,</u> | | | + |
|----------------------|--|---|-----------------|--------|
| • | (Name of Lin | mited Liability Company) | | |
| • | | | | |
| The enclosed Artic | eles of Amendment and fee(s) are su | abmitted for filing. | | |
| Please return all co | orrespondence concerning this matter | er to the following: | | |
| | Louis N. Demas | | | |
| | | | | |
| | Universal Websites, LL | С | | |
| | | | | |
| | 4565 Dover Street Circl | e East | | |
| | | (Address) | | |
| | Bradenton, Florida 342 | 203 | | |
| | | (City/State and Zip Code) | | |
| For further inform | ation concerning this matter, please | call: | SECRI | OB JUL |
| Louis N. Demas | | at (941) 284-4092 | 嘉 | -9 |
| (Name of Person) | | (Area Code & Daytime Telephone Number | | |
| | | | FLOF TST/ | |
| Enclosed is a chec | k for the following amount: | | | ယ |
| □ \$25.00 Filing F | ee □\$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certified | ite of Status & | osed) |
| | | | | |
|]]] | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, 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

| Universal GPS Solutions, LLC | | | | |
|--|---------------------------------------|--|----------------|------------------|
| Name of the Limited | Liability Compan | y as it now appears on our records.) iability Company) | | |
| (A | riorida Limited L | lability Company) | | |
| The Articles of Organization for this Limited Li | and ass | igned | | |
| Florida document number L07000109301 | · | | | |
| | | | | |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name of | f the limited liabi | lity company here: | | |
| Universal Websites, LLC | | | | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limit | ed Liability Company," the designation | "LLC" or the a | bbreviation |
| Enter new principal offices address, if applic | able: | No Change | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | No Change | 7 00 | 30 |
| (Mailing address MAY BE A POST OFFICE) | ROX) | | EB | <u></u> |
| manning water con many that the first of the first | <u> </u> | | 製 | |
| | | | 707 M=2 | - \$≓ |
| D. If amounting the presistanted agent and/ | | | | |
| B. If amending the registered agent and/or the new registered of | or registeren om Tice address bere | e aduress on our records, enter | tne name o | I the new |
| register on agent and/or the new registered or | nee uddi ess nere | • | K | |
| | AL OF | | ¥π | ယ |
| Name of New Registered Agent: | No Change | | | |
| New Registered Office Address: | | | | |
| 1.0W Registered Office I Muless. | | (Enter Florida street a | ddress) | |
| | | ` | , | |
| | | , Florida _ | | 1.3 |
| | | (City) | (Zip Code | e) |

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.

ling the Managers or Managing Members on our records, enter the title, name, and address of each Manager aging Member being added or removed from our records:

| <u> Citle</u> | <u>Name</u> | Address | Type of Action |
|---------------|--------------------------------------|--|---|
| | No Change | | □ Domosto |
| | | | - D |
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| | | | Add |
| | | | Remove |
| | | | Remove 8 |
| | | | Add -9 Remove AH 10: 13 Ats, if necessary.) |
| | ding any other information, enter cl | hange(s) here: (Attach additional shee | ts, if necessary.) |
| | | | |
| | | | |
| Dated July 7 | 7, , 2 | 008 | |

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee