

L080000014242

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUN 26 AM 11:46

J. BRYAN

JUN 27 2008

EXAMINER

**Joseph L. Diaz**  
Attorney at Law

June 24, 2008

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Registration Section

Re: Our Nations United, LLC  
Articles of Amendment

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SECRETARY OF CORPORATIONS  
08 JUN 26 AM 11:46

Dear Sir/Madam:

Enclosed please find the following:

1. Articles of Amendment
2. Check in the amount of \$25.00

If you should have any questions, please do not hesitate to give us a call.

Very truly yours,

JOSEPH L. DIAZ

BY: Christine Posada  
Christine Posada  
Legal Assistant

/cp  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Our Nations United, 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:

Joseph L. Diaz, Esquire  
(Name of Person)

(Firm/Company)

2522 W. Kennedy Blvd.  
(Address)

Tampa, FL 33609  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph L. Diaz, Esquire at ( 813 ) 879-6164  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

08 JUN 26 AM 11:46  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Our Nations United, LLC

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS  
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The Articles of Organization for this Limited Liability Company were filed on 02-08-2008 and assigned  
Florida document number L08000014242.

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: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

5305 N. Armenia Avenue

Tampa, FL 33603

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_, 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**

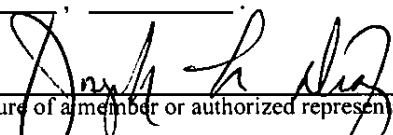
**MGRM = Managing Member**

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                            | <u>Type of Action</u>                                                      |
|--------------|---------------|-------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | Jana Ferraro  | 5305 N. Armenia Avenue<br>Tampa, FL 33603 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Vijay S. Paul |                                           | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |               |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated June 24, 2008

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Joseph L. Diaz, Esquire  
 \_\_\_\_\_  
 Typed or printed name of signee

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