

L080000015341

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EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 16 AM 9:36

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE UNITED SHORT SALE GROUP LLC**  
Name of Limited Liability Company

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DIVISION OF CORPORATIONS  
11 JUN 16 AM 9:36

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**SAMUEL DAWKINS**  
Name of Person

**THE UNITED SHORT SALE GROUP**  
Firm/Company

**100 RIALTO PLACE, SUITE 722**  
Address

**MELBOURNE, FL 32901**  
City/State and Zip Code

**SAM@USSGFL.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**SAM DAWKINS** at ( **321** ) **541-1200**  
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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 JUN 16 AM 9:36

THE UNITED SHORT SALE GROUP 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 02/12/2008 and assigned  
Florida document number L08000015341.

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)

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

**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 filing 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

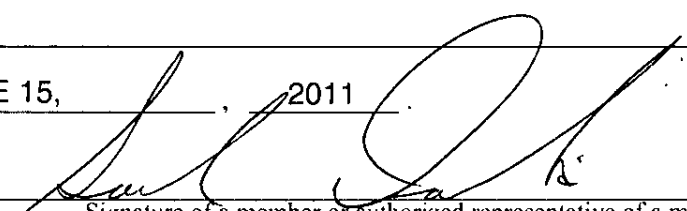
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ERIC SPRAYBERRY	100 RIALTO PLACE SUITE 720 MELBOURNE, FL 32901	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CYNTHIA SILVER	100 RIALTO PLACE SUITE 722 MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MINERVA HOLDING GRP	100 RIALTO PLACE SUITE 720 MELBOURNE, FL 32901	<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

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

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

Dated JUNE 15, 2011  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**SAMUEL DAWKINS**  
\_\_\_\_\_  
Typed or printed name of signee