L08000072402

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SECRETARY OF STATE DIVISION OF CORPORATIONS

09 MAR 30 PM 1: 31

T. HAMPTON

MAR 3 1 2009

EXAMINER

COVER LETTER

Division of Co	rporations		
SUBJECT: UBF V	entures, LLC		=
		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ben Favret		
		(Name of Person)	***************************************
	Vestagen		
		(Firm/Company)	
	1301 W. Colonial Drive		
		(Address)	
	Orlando, FL 32804		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Ben Favret		at (407) 781-2385	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for t	he 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:

TO:

Registration Section

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

UBF Ventures, LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited l	<mark>my as it now appears on our record:</mark> Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Lia	and assigned		
Florida document number <u>L08000072402</u>	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited lial	oility company here:	
Vestagen Technical Textiles, LLC			•
The new name must be distinguishable and end with "L.L.C."	n the words "Lim	ited Liability Company," the designat	ion "LLC" or the abbreviatio
Enter new principal offices address, if applica	ıble:	Same	9 <u>2</u> ,
(Principal office address MUST BE A STREET ADDRESS			SIOP STORE
			<u> </u>
Enter new mailing address, if applicable:		Same	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		····	
B. If amending the registered agent and/oregistered agent and/or the new registered of			iter the name of the nev
Name of New Registered Agent:	Same		
New Registered Office Address:			
-		(Enter Florida stre	eet address)
		, Floric	da
		(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 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

<u>'itle</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Remove
			Add Remove
<u>.</u>			Add Remove
			Add Remove
). If amend	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF CO 09 MAR 30
			CORPORATION 30 PM 1:31
		0	31
Pated March	25th , 200	9	_
	Signature of a mem	ber or authorized representative of a member	

Filing Fee: \$25.00