## LORODOBOUHO

(Ře	equestor's Name)	,		
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(Ci	ty/State/Zip/Phone #/	)		
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## **COVER LETTER**

TO: Registration Section Division of Corpo	on rations						
SUBJECT:	Name of Limit	Investme	nts, LLC				
The enclosed Articles of An	nendment and fec(s) are sub-	mitted for filing.					
Please return all correspond	ence concerning this matter	to the following:					
		Joseph Haymore					
	Name of Person						
United Capital Fund, LLC							
	Firm/Company						
	4532 W. Kennedy Blvd りに 320						
		Address					
	Tampa, FL 33609						
	City/State and Zip Code						
	jhaymore@unitedcapitalreo.com  E-mail address: (to be used for future annual report notification)						
		·	nouncation)				
For further information cond	erning this matter, please ca	all:					
	nna Aliano	at ( <u>772</u> )	626-3815 ytime Telephone Number				
Name of Pe	rson	Area Code & Da	ytime Telephone Number				
Enclosed is a check for the t	following amount:						
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	S60,00 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



June 25, 2010

JOSEPH HAYMORE UNITED CAPITAL FUND, LLC 4532 W. KENNEDY BLVD., STE. 320 TAMPA, FL 33609

SUBJECT: BLACK STAR INVESTMENTS, LLC

Ref. Number: L08000090640

We have received your document for BLACK STAR INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 910A00015698

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 9/23/08 and assigned Florida document number \_08000090640.

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 and with L.L.C."	th the words "Limi	ted Liability Compar	ny," the designation "L	.LC" or the abbrevi	atic
Inter new principal offices address, if applicable:		4532 W. Kennedy Blvd			
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:		Suite 3	320		
		Tampa, FL 33		h mar mindaga gama and qualification and another	
		Same			
(Malling address MAY BE A POST OFFICE BOX)					·····
B. If amending the registered agent and registered agent and/or the new registered o	Mee address her	£;			ne
Name of New Registered Avent:	Tim	B WA	ghit Esq.		
New Registered Office Address:		onterey Commoi	ns Blvd. Suite 10	0	
•	Enter Florido street address				
		Stuart	, Florida	34996	
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				

Thereby 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

Page 1 of 2

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 **Title Name** Address Type of Action Remove. Remove Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_ Signature of a member or authorized representative of a member Hayneve Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00