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COVER LETTER

TO: Registration Section
Division of Corporations

.. United Management of Credit 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:

Paul Brownell

Name of Person

United Group Management LLC

Firm/Company

12323 SW 55th Street Ste 1002

Address

Cooper City FI 33330

City/State and Zip Code

pbrownell@urgfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Brownell

,,954、868-6882

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

United Management of				
(<u>Name of the Limited Lia</u>	bility Company as it now appears on our rida Limited Liability Company)	r records.)		
	•			
The Articles of Organization for this Limited Liabil	lity Company were filed on 11/06/20	08 and	assigne	d
Florida document number L08000103980	 •			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
United Group Management LLC				
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the	e designation "LLC" or the	ie abbre	viation
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A	DDRESS)	: 183		
	-	3 (C	23	
		<u> </u>	SEP	11
Enter new mailing address, if applicable:	-	25 S	_ <u>~~</u> _	161 162 161 181 161 181 161
(Mailing address MAY BE A POST OFFICE BO	<u></u>	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- []
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B. If amending the registered agent and/or in registered agent and/or the new registered office		cords, enter the nam	e okth	e new
registered agent and/or the new registered office	address here.			
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	rida street address		
				
-	City	, Florida Zip C	ode	

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 = Ma MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Remove
			Add
			Remove
			Remove
			Add
			Remove
			Add
			Remove

ing any other informatio	on, enter change(s) here: (Attach additional sheets, if necessary.,
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Signa	ature of a member or authorized representative of a member

Page 3 of 3
Filing Fee: \$25.00

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