

LO8000112571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

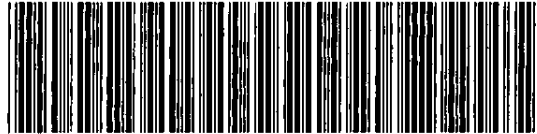
(Business Entity Name)

(Document Number)

Certified Copies: _____ Certificates of Status: _____

Special Instructions to Filing Officer:

Office Use Only



500161977615

12/07/09--01011--020 **25.00

2009 DEC -7 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

DEC - 8 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: United Capital Fund, 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:

Deanna Aliano

Name of Person

United Capital Fund, LLC

Firm/Company

50 SE Ocean Blvd Suite 204

Address

Stuart, FL 34994

City/State and Zip Code

daliano@unitedcapitalgrp.com

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

For further information concerning this matter, please call:

Deanna Aliano

Name of Person

at (**772**)

223-8739

Area Code & Daytime Telephone Number

FILED
2009 DEC -7 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Capital Fund, 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 12/9/08 and assigned
Florida document number L08000112571.

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)

2009 DEC -7 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

City, Florida

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

11/23/2009 13:51 7722238740

UNITED CAPITAL

PAGE 05/05

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
MGRM	Joseph Haymore	50 SE Ocean Blvd Suite 204 Stuart, FL 34994	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Abundant Holdings, LLC	50 SE Ocean Blvd. Suite 204 Stuart FL 34994	<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
			<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 November 23, 2009

Signature of a member or authorized representative of a member

Joseph Haymore

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

2009 DEC -7 PM 1:19

SECRETARY OF STATE
CLERK