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SECRETARY OF STATE

D. BRUCE

OCT 3 0 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Union and Progress USA 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:	
Uliana albaecht  Name of Person  1/2:000 1/2 Process 1/2 (2011)	
Union and Progress U.S.A LLC FirmCompany	
1486 Sandpiper circle	
Weston Fl 33327.	
Ronnuli a Bellsouth Net  E-mail address to be used for future annual report notification)	7
To turde information concerning this matter, piease can.	Ŋ
Wiana Albrecht at 954, 801 9917	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (cadditional 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

Union and Progress	S WA NC	· 	
( <u>Name of the Limited Liability Gompan</u> (A Florida Limited Li	y as it now appears on our re- ability Company)	cords.)	
The Articles of Organization for this Limited Liability Company visiting document number <u>L 08 000 1139 09</u> .	were filed on <u>Dece where</u>	k 15,2008 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	<u>ity company here</u> :		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		TAS O	
		9 00 LAH	
		TASS	
Enter new mailing address, if applicable:	<u></u>	MX 6 1	
(Mailing address MAY BE A POST OFFICE BOX)		77 3 17	
		DA S	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		s, enter the name of the new	
registered agent and/or the new registered office address here			
Name of New Registered Agent:	Self-results .		
New Registered Office Address:	<u> </u>		
	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Manggaita Maria Roa Barrera ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Ochober 23 2009 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00