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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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SECREJARY OF STATE TALLAHASSEE, FLORIDA

009 MAY 13 PM 2:5

COVER LETTER

TO:

TO:	Registration S Division of Co								
SUBJECT: 1st. CARIBBEAN UNITED BUSINESS GROUP, LLC									
50 55 1	Name of Limited Liability Company								
The end	closed Articles o	f Ame idment and fee(s) are sub	omitted for filing.						
Please	return all corresp	condence concerning this matter	to the following:						
			BASIL L. DALLAS						
	Name of Person								
		1st. CARIBBEAN	N UNITED BUSINESS G	ROUP, LLC					
100.07.04.00.00.00.00.00.00.00.00.00.00.00.00.			Firm/Company						
	18301 NW 2ND CT								
	Address								
		M	IIAMI, FL 33169-4443						
			City/State and Zip Code						
		E-mail address: (Idalias@bellsouth.net to be used for future annual report no	otification)					
For fur	ther information	concerning this matter, please of	-						
	В	Basil L. Dallas	at (305)	655-0013					
	Name	of Person	Area Code & Day	time Telephone Number					
Enclos	ed is a check for	the following amount:							
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COL Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations B Center Circle					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	iability Compa lorida Limited	any as it now appears Liability Company)	on our records.	
The Articles of Organization for this Limited Lia Florida document number		y were filed on	01/07/2009	_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	bility company here	:	
	N/A	4		
The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applica		ited Liability Compan	SECRE	C" or the abbreviation
(Principal office address MUST BE A STREET Enter new mailing address, if applicable:	<u>ADDRESS)</u>	SAME	TARY OF STATE ASSEE FLORID	13 PM 2: 56
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered o		ır records, enter the	name of the new
Name of New Registered Agent:	Basil L. Da	llas		
New Registered Office Address:	SAME	Ente	er Florida street addre	ss
			, Florida	
		City	, * 101.444	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.

HChanging Registered Agent, Signature of New Registered Agent

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 = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Basil L. Dallas	18301 NW 2nd Ct, Miami, FL 3316	9
			Add Remove
			Add Remove
			Add Remove
			2009 Add PAdd ASSEF F
D. If amend	ling any other information		Remove 5
Dated	May 11		
	Signatur	re of a member or authorized representative of a member	
		L. Johnson	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00