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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. CLINE

NOV 17 2010

EXAMINER

2010 NOV 16 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United PSG, 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:

Amanda M. Brant

Name of Person

United Family of Companies, LLC

Firm/Company

2700 N. 29th Avenue, Suite 207

Address

Hollywood, FL 33020

City/State and Zip Code

abrant@theunitedgroups.com

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

For further information concerning this matter, please call:

Amanda Brant

Name of Person

at (954)

552-4202

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

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA
NOV 16 AM 11:35
2006

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

United PSG, 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 01/15/2009 and assigned
Florida document number L09000005063.

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)

2700 N. 29th Avenue

Suite 207

Hollywood, FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2700 N. 29th Avenue

Suite 207

Hollywood, FL 33020

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:

2700 N. 29th Avenue Suite 207

Enter Florida street address

Hollywood

, Florida

33020

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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	United Family of Companies	3078 SW 38TH COURT MIAMI FL 33146 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	United Family of Companies, LLC	2700 N. 29th Avenue Suite 207 Hollywood, FL 33020	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
28 NOV 16 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated November 10, 2010

Amanda M Brant
Signature of a member or authorized representative of a member

Amanda M Brant
Typed or printed name of signee